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# The JOURNAL

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NORTH CAROLINA DENTAL SOCIETY



District Programs Issue

Volume 37

September, 1953

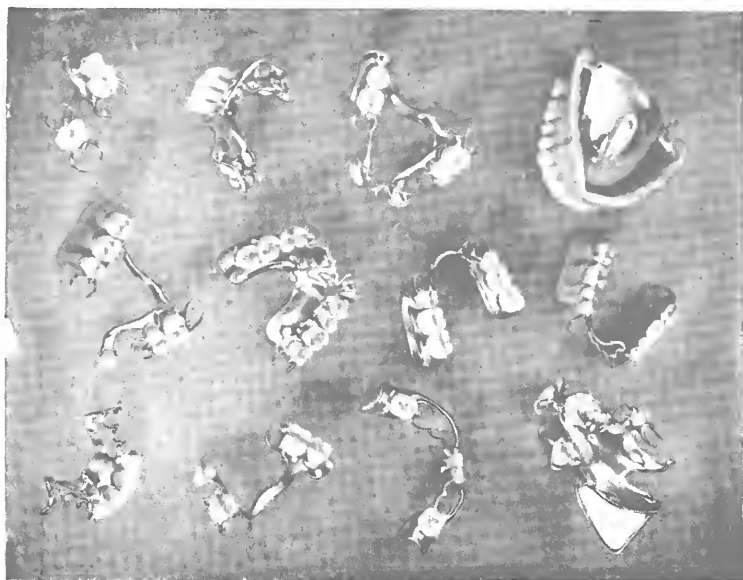
Number 1

# ....WOODWARD....

SINCE 1922

*First with the Finest*

Foremost in creating finer restorations for the profession for over a quarter of a century. Today, as of yesterday, we are constantly alert, seeking new technics, equipment, and materials in order to better serve you.



Vitallium Partial  
Cast Gold Partial  
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Luxene 44 Dentures  
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Fixed Crown and Bridge Work  
Porcelain and Acrylic Jacket  
Crowns  
Porcelain and Acrylic  
Reinforced Bridges

Any materials or technics you specify in full dentures.

## *Woodward Prosthetic Co.*

**Greensboro, North Carolina**

*"Woodward," a name worth remembering when you want the best.*

# THE JOURNAL

of

## THE NORTH CAROLINA DENTAL SOCIETY

(Component of the American Dental Association)

Officers  
1953-54



Neal Sheffield,  
President  
Greensboro



Bernard N. Walker,  
President-Elect,  
Charlotte



W. H. Breeland,  
Vice-President,  
Belmont



Ralph Coffey,  
Secretary-Treasurer  
Morganton

VOLUME 37    SEPTEMBER, 1953    NUMBER 1

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Marvin R. Evans, Editor  
Chapel Hill

The closing dates for the Journal are, February 10, July 10, and November 10.  
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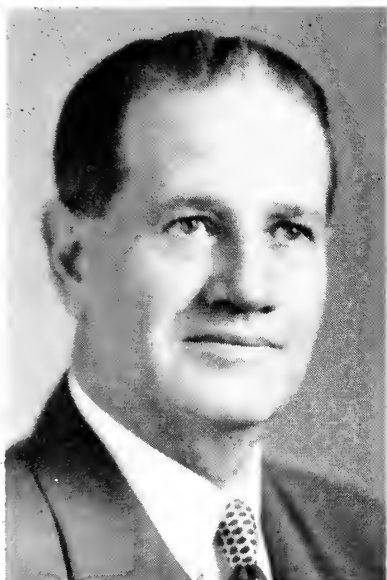


DR. HOWES

Ralph Raymond Howes, one of the faithful practitioners who has held himself to the highest standards in ethical conduct. His fine spirit of helpfulness and loyalty has endeared him to his patients and to his colleagues.

# The New President's Prospectus

*NEAL SHEFFIELD, D.D.S., Greensboro*



DR. SHEFFIELD

On the program last year, there appeared at the end of the session, just before adjournment, the subject: "The Prospectus of the New President". I had prepared an outline of objectives and projects that I felt would be worth-while considering for my administration. Due to the long strenuous meeting, the very small attendance, and the late hour, the North Carolina Dental Society voted that this prospectus be published in the Journal as my message to you at that time. The following is offered for your consideration.

A well rounded program covering the subjects of our every day practice so that the men may carry home new techniques and be able to render a greater service to the people of their communities.

Since there has been a wonderful beginning in the fluoridation program and at present about one tenth of the population are receiving fluorine in its communal drinking waters and we have ample proof of its value in preventing dental caries, I would most earnestly advocate that this program be pushed to every city and town possible in the state during this administration.

In the list of Standing Committees of the State Society, there are several that have been inactive due to the fact that there were not the facilities nor the trained personnel to carry on research. It is my plan to reactivate the Committees on Dental Caries, Anesthesia, and Pedodontics. A chairman for each of these committees has been chosen from the faculty of the School of Dentistry of the University of North Carolina, who are leaders in their fields.

Let us make a beginning in the field of research. These are wonderful opportunities and we hope to see the day when the world will turn its eyes to our dental school and the North Carolina Dental Society for answers to some of the perplexing questions that are confronting our profession and mankind. It is very difficult to place men on these committees, who are interested and will work on these subjects, so I will invite any dentist who is willing to work and cooperate in the study of these subjects to request to be added to these committees.

Encourage post graduate work for the dentists of the state and Extension Courses for the dental assistants.

You have to read only the daily newspapers of the state to note that a lot of space is devoted to health subjects as well as many other topics but very few articles refer to our profession. I would like to see a regular weekly column well written on dental health to appear in each of our daily papers in the state. I would like for this regular weekly column to supplement the very fine leaflets and booklets that are available through our Division of Oral Hygiene at the present time. They are playing a wonderful part in getting over the dental health story to our people. I am glad to report that progress is being made on this project.

One of the alarming things that should have our immediate attention is the increasing intake of refined carbohydrates more especially by our young people. This can not be stopped, but by proper education it can be reduced. Ten cents a day for a candy bar and a carbonated drink is ample to wreck a child's teeth.

What results can we hope from our fluoridated drinking water if this high intake of refined carbohydrates is not reduced. Our capable Public Relations Committee and every member of our profession has a real challenge. How can this situation be relieved? I am sure I do not know but let us do something about it.

I have always had a great interest in local dental societies, county and city, where the men meet each month, where in many instances papers are read and clinics are given by local members. It is here that local problems are discussed and many of these problems are solved. I would recommend and urge that study clubs be formed within these groups, thus strengthening our district societies and making our state society even greater.

We should stay alerted at all times to the threat of Socialized Dentistry. The front door as well as the back door should be well guarded. Some aspects of Socialized Dentistry have already invaded our profession through the Veterans Administration and various welfare programs.

It would seem reasonable, and just, that if a veteran was isolated and could not receive dental treatment while in the service, and be sure that the condition came about by his war service, he should be entitled after leaving the service to have his mouth rehabilitated and the service should go no further. In the present set up, he will practically have dental services from the government for the rest of his life at the expense of the taxpayers.

There are too many so called welfare programs being projected in the state where funds are being allocated without adequate plans for the execution of the services. These agencies are anxious to disperse the funds so that more money will be on the way. Any funds made available should be expended and supervised by our Oral Hygiene Division of our State Board of Health.

Realizing that the problems of both the physician and dentist in many instances are mutual and neither are able to secure the best results without close cooperation between the two professions, it would be ideal for the two professions to meet jointly once a year in the local, county, and city societies.

The prospectus that I have given is by no means the only activities that we may engage in during the year. This Administration is wide open for suggestions and it is earnestly hoped that you will come forward with worth-while suggestions, and each committee is asked to explore

their fields and accomplish everything possible.

I am glad to report that the difficulty with liability insurance that was reported from some sections, more especially Wilmington, has now been cleared up. Meetings have been held with the Industrial Commission and it appears that favorable rates and policies have been worked out with them.

A new committee is beginning work on plans for the celebration of the Hundredth Anniversary Meeting of our society which will be held in 1956.

I wish to thank all the committees for their spirit of cooperation and request them to contact me if they desire further information.



## Review of Malpractice Rates

In a letter to Mr. Wilson S. Mitchell, Jr. of the Merrimon Insurance Agency, Inc., Mr. L. V. Revene, Superintendent of the Liability Underwriting Department of the Aetna Casualty and Surety Company stated that a review of the malpractice rate in the state of North Carolina for Dentists' Professional Liability Coverage indicates that for a great many years the rate for basic limits of \$5/15,000 has been \$15.00. The dentists malpractice rate remained the same even when practically all other costs increased.

The rate for Basic Limits Liability Coverage for dentists was increased to \$18.00 in North Carolina effective September 1, 1952. This rate was not applied to the renewal business until November 1, 1952 because a good many of the renewals had already been issued. The new rates were

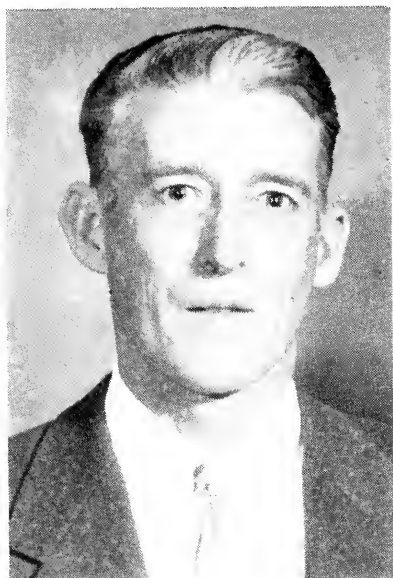
promulgated by the National Bureau of Casualty Underwriters and are being used by all Bureau companies.

The increased rate is only 20% higher than the rate that has been in force for many years and the percentage of increase is far below the increase in other costs such as office equipment, supplies and wages of assistants.

The Aetna Casualty and Surety Company has been renewing Dentists Malpractice Coverage in the past without requiring new signed applications and have found in numerous cases that the information on file is obsolete and inaccurate. In order to bring the files up-to-date new applications should be secured on all renewals. Accurate information is essential should it be necessary to contact the doctor.

# From the Secretary's Desk

**RALPH COFFEY, D.D.S., Morganton**



DR. COFFEY

I am at a loss for words in writing this message for the JOURNAL. Very little time has elapsed since the state meeting. In fact, not enough time for me to have the "books" from Dr. Walker, the retiring Secretary-Treasurer. I can assure you, however, that I have been quite busy with the notification of committee appointments and routine work. To those of you who have incorrect addresses, please be assured that this will be corrected at an early date. I will also give information as to your duties on respective committees as fast as this information can be correlated. I hope to get a revised mailing list of all of our members for we have been working with the 1951 edition. We are aware of the fact that this changes from year to year.

As your secretary, and also as a member of the Committee to the Industrial Commission, I am glad to report that I will receive at about the time of our district meetings copies of the revised fee schedule. These will be mailed to each member of the society. We are grateful to Dr. S. B. Towler, chairman of this committee, for the hearing that we had before the Commission and we are all optimistic as to the raise in fees that we expect. As every member knows, this is a long overdue matter. We feel that many things were cleared up at this meeting and from now on we hope for a better relationship with this work.

It is with great pleasure that I anticipate the visit to each district this fall for the annual meetings. I do urge a good attendance of all members. I hope that each membership committee will see that every man in their district who is not a member is taken in as soon as possible. The values of this membership to them is most important. You would be surprised at the different inquiries that have come to me regarding information about membership.

My capacity as Secretary-Treasurer is one of service to its members and I hope that any member will feel free to call upon me at any time I can be of service. At this time I do not know just how much work I will have to do this year. I can assure you that Dr. Sheffield is on the job if his directives to me are any indication. I know that he will have a successful year as President of our Society.

**H. D. COY, D.D.S.**

Medical College of Virginia, Professor of Operative Dentistry and Director of the Dental Clinic. Dr. Coy is President of the Dental Materials Section of the International Association for Dental Research. He has been a lecturer on many national and state programs. His lecture "Better Amalgam Restorations" will be given at the First District meeting.



DR. COY



DR. SHERARD

**J. H. SHERARD, JR., D.D.S.**

Dr. Sherard received his training at Emory University from which he was graduated in 1943. After serving with the Navy he joined the faculty of Emory University and is now Associate Professor in Operative Dentistry. He will appear on the programs of the First and Third Districts.

# FIRST DISTRICT DENTAL SOCIETY

## OFFICERS

Hubert Plaster	President
Pearce Roberts	President-Elect
Clyde Whisnant	Vice-President
Clinton Diercks	Secretary-Treasurer
Allen Lockwood	Editor

## COMMITTEES

### EXECUTIVE

Hubert Plaster	Clyde Whisnant	Pearce Roberts
Ralph Howes	W. R. Aiken	Wm. Sloop

### PROGRAM

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Walter McFall	Wm. Sloop

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Hoyt Dixon	C. M. Peeler

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Henry Froneberger	

### PUBLICITY

Allen Lockwood, Chairman	Jack Raymer
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### GOLF

Edwin Plaster	W. H. Breeland
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Wm. McCall	S. H. Isenhower
M. E. Woody, Jr.	

### NECROLOGY

Grady Mauney	Charles Abernethy
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Clifton Taylor	W. J. Turbyfill

### CONSTITUTION and BY-LAWS

Ralph Coffey, Chairman	
P. P. Yates	S. H. Steelman
W. D. Yelton	H. M. May

# Shelby---

## Host City

**H. E. PLASTER, D.D.S.,**

***President***



The thirty-second annual meeting of the First District Dental Society will be held at the Hotel Charles in Shelby, October 4 and 5, 1953.

Those participating in the Golf Tournament will "tee off" Sunday morning at ten o'clock at the beautiful Cleveland Springs Country Club. Five o'clock Sunday afternoon, Dr. and Mrs. Clyde Whisnant will be hosts for dentists and their guests for fellowship and barbecue at their Green Valley Farm in upper Cleveland County.

The Program and Clinic Committees have done a superb job in planning a practical and profitable pro-

gram for you. May we suggest that you plan now to be in Shelby for this meeting.

Special entertainment will be provided for the ladies, so bring them along.

We wish to extend a cordial invitation to attend our meeting to all members of the North Carolina Dental Society and to dentists from adjacent states.

To my fellow officers, to the committees, to all of you in the First District who have such a fine spirit of cooperation, I wish to say, "Thank you so much".

See you in Shelby.

# PROGRAM

## FIRST DISTRICT DENTAL SOCIETY

The Hotel Charles  
Shelby, N. C.

October 4-5, 1953

**Sunday, October 4, 1953**

- 10:00 A.M. Golf Tournament
- 1:00 P.M. Registration ..... Hotel Charles
- 5:00 P.M. Barbecue ..... Dr. Whisnant's Farm
- 8:00 P.M. General Session
- Meeting Called to Order by President Hubert Plaster, Shelby
  - Invocation
  - Address of Welcome
  - Recognition of North Carolina Dental Society Officers
  - Introduction of Visitors
  - Minutes of Last Meeting
  - Treasurer's Report
  - Old Business
  - New Business
  - Presentation of New Members ..... O. C. Barker
  - Committee Reports

**Monday, October 5, 1953**

- 8:00 A.M. Registration
- 9:00 A.M. President's Address ..... Hubert Plaster, D.D.S., Shelby
- 9:30 A.M. "Better Amalgam Restorations"
- Dr. H. D. Coy ..... Medical College of Virginia
- 11:30 A.M. Table Clinics
- 1:00 P.M. Luncheon
- Recognition of Visitors
  - Election of Officers
  - Installation of Officers
- 2:00 P.M. "Endodontics"
- Dr. J. H. Sherard, Jr. .... Emory University
- 4:00 P.M. Door Prizes
- Golf Awards
  - Final Business Session
  - Adjournment

**E. CARL MILLER, D.D.S.**

Dr. Miller will appear on the program of the Second District. A Fellow of the American College of Dentists, an Associate member of the Materials Section of the International Society for Dental Research, and an Honorary member of the North Carolina Dental Society. He has been on the programs of many national and state meetings.



DR. MILLER



DR. LANDIS

**C. F. LANDIS, D.D.S.**

Graduate of the University of Tennessee, Dr. Landis has limited his practice to the field of Oral Surgery. He served as Oral Surgeon in the U. S. Army Air Force with the rank of Major. He is a member of the American Society of Oral Surgeons, and a member of the Tennessee State Board of Dental Examiners.

## SECOND DISTRICT DENTAL SOCIETY

### OFFICERS

Thomas L. Blair	President
W. A. Ingram	President-Elect
Elliot Motley	Vice-President
H. W. Thompson	Secretary-Treasurer
Horace P. Reeves, Jr.	Editor

### COMMITTEES

#### EXECUTIVE

Riley Spoon	C. R. Helsabeck	J. R. Pharr
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#### ENTERTAINMENT

Riley Spoon, Chairman	J. C. Farthing, Jr.
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#### ARRANGEMENTS

W. B. Sherrod, Chairman	F. H. Walker
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#### PROGRAM

Dwight Jackson, Chairman	David Beavers
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#### CLINIC

Boyce Brawley, Chairman	J. G. Rehm
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#### CONSTITUTION and BY-LAWS

G. S. Alexander, Chairman	C. A. Barkley
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#### ETHICS

R. B. Harrell, Chairman	Haywood Ross
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#### NOMINATING

T. G. Nisbet, Chairman	J. H. Nicholson
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#### MEMBERSHIP

W. A. Ingram, Chairman	Elliot Motley
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#### NECROLOGY

Phillip Melvin, Chairman	P. A. Stroup, Jr.
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#### DENTAL RELIEF

E. C. Morris, Chairman	R. E. Masten
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#### PUBLIC RELATIONS

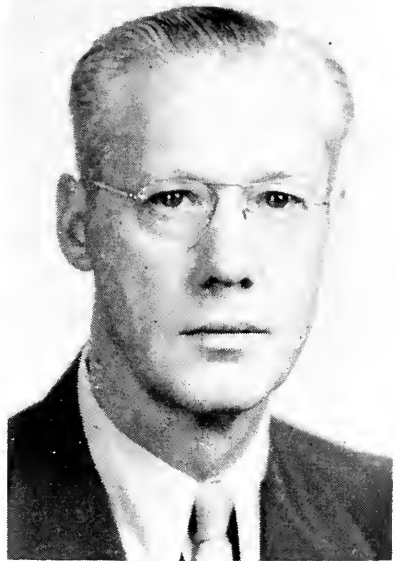
LeRoy Thompson, Chairman	R. H. Holliday
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# Interesting and Informative

Plans Complete

**THOMAS L. BLAIR, D.D.S.,**

**President**



The Second District Dental Society will meet in Winston-Salem, at the Robert E. Lee Hotel, October 12-13, 1953.

One of the most pleasant duties of being president of an organization of this kind is the opportunity one has to welcome each and every member to our annual meeting. The progress of our profession demands that we take advantage of every opportunity to observe and study and meet for the interchange of objective information so essential for the better care of our patients.

Your Program Committee has arranged to bring a group of essayists that should be interesting to every

member of our district. Our Table Clinics are always informative and we extend our thanks to the men who so generously give their time in preparing these clinics for presentation.

The Second District is most fortunate in having an excellent and active auxiliary and we especially welcome their visit to Winston-Salem.

We extend a cordial welcome to the members of other districts, and if there is a prospective member in your community it is to our mutual advantage to have him with us.

It is my sincere wish that your attendance at this meeting will be both profitable and entertaining in the Twin City.

# PROGRAM

## SECOND DISTRICT DENTAL SOCIETY

Robert E. Lee Hotel  
Winston-Salem, N. C.

Monday, October 12, 1953

- 9:00 A.M. Registration—Hotel Mezzanine
- 9:30 A.M. Opening Session  
 Meeting Called to Order by President, Thomas L. Blair,  
 Winston-Salem  
 Invocation—Dr. Ralph A. Herring, Pastor First Baptist  
 Church, Winston-Salem  
 Address of Welcome—Mayor Marshall Kurfees, Winston-  
 Salem  
 Response to Welcome—J. R. Pharr, Charlotte  
 Recognition of Visitors and Officers of the N. C. Dental  
 Society and N. C. Dental Auxiliary—C. M. Parks, Win-  
 ston-Salem  
 Necrology Committee Report—R. Phillip Melvin, Winston-  
 Salem  
 Receiving Applicants for Membership—W. A. Ingram, Monroe  
 President's Address—Thomas L. Blair
- 11:00 A.M. "Oral Surgery in General Practice"  
 Charles F. Landis, D.D.S., Chattanooga, Tennessee
- 12:30 P.M. Luncheon
- 2:00 P.M. "Successful Full Dentures By Accurate Measurement and  
 Control of Vertical Dimension"  
 Meyer M. Silverman, D.D.S., Washington, D. C.
- 3:30 P.M. Table Clinics
- |  |           |
|--|-----------|
| <i>Aids in Child Management</i>                        |           |
| R. W. Wilson .....                                     | Charlotte |
| <i>Treatment Recommended in Periodontal Management</i> |           |
| L. Franklin Bumgardner .....                           | Charlotte |
| <i>Adding Life and Comfort to Dental Restorations</i>  |           |
| E. M. Funderburk .....                                 | Charlotte |
| <i>Full Denture Impression Technique</i>               |           |
| J. G. Rehm .....                                       | Charlotte |
| <i>A Use for the New Resinous Filling Material</i>     |           |
| J. M. Moses .....                                      | Charlotte |

- Diagnosis and Treatment of Certain Periodontal Condition*  
T. G. Nisbet ..... Charlotte
- Technic for Painting in Plastics*  
R. R. Shoaf ..... Lexington
- Technic for Baking and Curing Porcelain*  
H. E. Plaster ..... Shelby
- The Tooth Train*  
R. E. Spoon, Jr. and Miss Emma Mills, Winston-Salem
- A Technic for Adapting Matrix Bands*  
J. C. Farthing ..... Winston-Salem
- Treatment of Large Adamantinoma of Lower Jaw by Enucleation and Resection of Lower Jaw with Tantalum Replacement*  
Hylton K. Crofts ..... Winston-Salem
- Practice Management*  
James R. Crawford ..... Winston-Salem
- Photography in the Dental Office*  
Glenn Lazenby, Jr. .... Statesville
- A Technic for Crown Patterns*  
R. A. George ..... Mt. Airy
- Problems of Veterans Administration Participating Dentists*  
W. P. Weeks ..... Winston-Salem
- Presentation of Unusual Prosthetic Cases*  
R. J. Eamich ..... VA Staff Dentist
- Registration of Vertical and Centric Occlusion*  
David Marmor ..... VA Staff Dentist
- To be announced at a later date: Clinics by Drs. Robert Benfield—H. H. Levine

6:30 P.M. Banquet

8:30 P.M. Business Session  
Election of Officers, Selection of Meeting place

## Tuesday, October 13, 1953

- 9:30 A.M. "Operative Dentistry and the Amalgam Restoration"  
Dr. E. Carl Miller, Cleveland, Ohio
- 11:00 A.M. Business Session  
Installation of Officers  
Adjournment



DR. SILVERMAN

# **MEYER M. SILVERMAN, D.D.S.**

Graduate of Georgetown University, and lecturer on practice management and prosthetics. Dr. Silverman has been engaged in original research in vertical dimension. The subject to be presented at the Second District Meeting was presented at the XIth International Dental Congress in London, England.

# **FRANK M. MATHEWS, D.D.S.**

Dr. Mathews of Montgomery, Alabama is the immediate Past President of his state association. He received his training at Emory University, graduating in 1926. His essay "Practice Management and Professional Ethics" will be presented at the Third District.



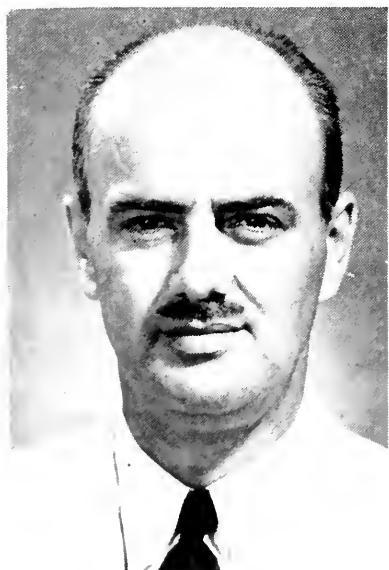
DR. MATHEWS

**FRED A. SLACK, JR., D.D.S.**

Dr. Slack received his training at the University of Pennsylvania, and is now a member of the faculty of Penn's dental and graduate schools. In addition to his many other duties, Dr. Slack is guest lecturer at Temple University and Consultant to the Veterans Administration. His essay "New Concept of Cavity Preparation" will be given at the Third District meeting.



**DR. SLACK**



**DR. BAKER**

**CLAUDE R. BAKER, B.A.,  
D.D.S., M.S.**

University of North Carolina Professor and Head of the Department of Fixed Partial Dentures. Dr. Baker received his training at the University of Minnesota and began his teaching there, joining the faculty soon after graduation. He is a Fellow of the American College, and is president of the American Academy of Crown and Bridge Prosthodontics. Will be on the program of the Third District.

# THIRD DISTRICT DENTAL SOCIETY

## OFFICERS

Claude A. Adams	President
George F. Kirkland	President-Elect
A. A. McDuffie	Vice-President
Maurice E. Newton	Secretary-Treasurer
W. T. Burns	Editor

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M. E. Walker

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J. B. Howell

F. G. Atwater

J. L. Henson

C. M. Sturdevant

F. S. Caddell

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C. B. Wolfe

C. C. Poindexter

Howard Bowling

### ARRANGEMENTS

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F. G. Atwater

J. L. Henson

W. A. Pressley

G. R. Willis

*(Continued on page 48)*

# Third District To Meet At Sedgefield

**CLAUDE A. ADAMS, D.D.S.,**  
*President*



We are returning to Sedgefield October 18, 19, 20 for this year's meeting of the Third District, after the excellent meeting of last year at Mid-Pines. The Inn at Sedgefield has been remodeled and modernized for your comfort and pleasure.

The Arrangements Committee has great plans for entertaining you and your ladies beginning with Golf Sunday followed by the always enjoyable

Cocktail Hour and then Buffet Supper Sunday night.

Dr. Dan Carr and Dr. George Kirkland with their Program and Clinics Committees have worked hard to have some extremely interesting presentations which we believe will meet with your approval.

I want to extend an invitation and a most cordial welcome to all members and to all visitors, who can do so, to be with us at Sedgefield for this meeting.

# PROGRAM

## THIRD DISTRICT DENTAL SOCIETY

Sedgefield Inn

Greensboro, N. C.

October 18, 19, 20, 1953

**Sunday, October 18, 1953**

- 12:00 Noon Golf Tournament  
6:00 P.M. Cocktail Party—Buffet Supper

**Monday, October 19, 1953**

- 8:00 A.M. Breakfast  
9:00 A.M. Registration  
9:30 A.M. Opening Session  
    Invocation ..... J. S. Betts, Greensboro  
    Address of Welcome ..... Sam Shaffer, Greensboro  
    President's Address ..... Claude A. Adams, Durham  
    Recognition of Dental Society Officers  
    Introduction of Visitors ..... A. A. McDuffie, Candor  
    Presentation of Candidates for Membership  
10:30 A.M. "Practice Management"  
    Dr. Frank Mathews ..... Montgomery, Ala.  
12:00 Noon Adjournment  
12:30 P.M. Luncheon  
    Veterans Luncheon  
2:00 P.M. "Endodontics"  
    Dr. James Sherard ..... Atlanta, Georgia  
3:30 P.M. "New Concept of Cavity Preparation"  
    Dr. Fred Slack ..... Philadelphia, Penn.  
6:30 P.M. Dinner  
    Awarding of Golf Prizes—Favors for the Ladies  
8:00 P.M. "Crown and Bridge"  
    Dr. Claude R. Baker ..... Chapel Hill  
9:15 P.M. Business Session  
    Report of Committees  
    Election of Officers  
    Selection of Meeting Place

**Tuesday, October 20, 1953**

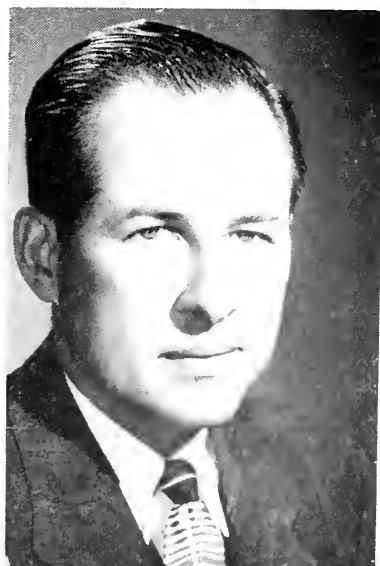
- 8:00 A.M. Breakfast  
9:00 A.M. Table Clinics  
    *Esthetics of Lower Anterior Teeth*  
    C. W. Poindexter ..... Greensboro  
    *Endodontia*  
    Luther Butler ..... Greensboro

<i>Diagnosis and Treatment of Fractured Incisor Teeth</i>	
R. L. Lindahl .....	Chapel Hill
<i>Mr. Patient Periodontitis Is</i> .....	
J. B. Howell .....	Greensboro
<i>X-Ray and Diagnosis</i>	
Richard E. Richardson .....	Chapel Hill
<i>Immediate Dentures</i>	
J. T. Bell .....	Durham
<i>Photography in General Practice</i>	
J. E. Roberts .....	Burlington
<i>Oral Surgery</i>	
J. Y. Hinson .....	Durham
<i>The Use of Intraoral Appliances in Oral Surgery</i>	
T. E. Sikes, Jr. ....	Greensboro
<i>Relatively Unknown Books on Degeneration of the Oral Cavity</i>	
J. Ross Pringle .....	Greensboro
<i>Brush Technique for Plastics</i>	
H. L. Perdue .....	Burlington

11:00 A.M.	"New Concept of Cavity Preparation (cont.)"	
	Dr. Fred Slack .....	Philadelphia, Penn.
12:00 Noon	Final Session	
	Installation of Officers	
	Adjournment	

### W. W. DEMERITT, D.D.S.

Professor and Head of the Department of Pedodontics at the University of North Carolina, Dr. Demeritt received his training at Emory and Forsyth Clinic. An experienced lecturer, he will appear on the programs of the Fourth and Fifth Districts.



# FOURTH DISTRICT DENTAL SOCIETY

## OFFICERS

L. M. Massey .....	President
S. B. Towler .....	President-Elect
E. N. Lawrence .....	Vice-President
W. H. Finch, Jr. ....	Secretary-Treasurer
Worth Byrd .....	Editor

## COMMITTEES

### PROGRAM

T. G. Collins, Chairman

Marvin Jones

Fred Hale

### ENTERTAINMENT

Henry Ligon, Chairman

R. E. Finch

K. L. Johnson

Paul T. Harrell

Eric Cotter

### MENTAL INSTITUTIONS

Victor Bell, Chairman

Robert Byrd

Robert Beam

Royster Chamblee

Carlisle Kinlaw

### PUBLICITY

Howard Branch, Chairman

J. W. Branham

Paul Pearson

### MEMBERSHIP

S. B. Towler, Chairman

A. D. Barber

L. J. Moore, Jr.

### ADA RELIEF

J. Martin Fleming, Chairman

Paul Fitzgerald, Jr.

Everett L. Smith

L. D. Herring

### ETHICS

C. W. Sanders, Chairman

Walter MacRae

Wilbert Jackson

### HOSPITALITY

C. E. Abernethy, Chairman

D. C. Woodall

J. W. Whitehead

E. A. Pearson

A. A. Phillips

### CONSTITUTION AND BY-LAWS

Sam Bobbitt, Chairman

R. L. Eagles

C. E. Roberts

# Scientific Sessions and Good Fellowship

**L. M. MASSEY, D.D.S., President**



The Fourth District Dental Society will meet in Raleigh October 26-27, 1953. The meeting will open with a banquet and entertainment at the Sir Walter Hotel at seven o'clock the evening of the 26th. A full day's program of clinics, scientific papers, and business is planned for the 27th.

We cordially invite the members of the other districts and military dental personnel to attend our meeting and share in the fellowship and the excellent program arranged by Dr. Henry Ligon and his Entertainment Committee and Dr. Tom Collins and his Program Committee.

It is generally understood that the district meetings are small enough to give every dentist an opportunity to

present a clinic in the particular phase of dentistry in which he is most interested. It gives an opportunity for fellowship in which it is possible for every dentist to know every other dentist in the district and to learn something about the problems and accomplishments on every level of dentistry. In order to bring this about Dr. C. E. Abernethy and his Hospitality Committee are endeavoring to have every dentist and his wife in the district attend this meeting. The committee will see that you know your neighbor dentist if you will attend.

The Fourth District Dental Auxiliary will meet with us at the banquet Monday evening and have planned a separate program for the ladies for Tuesday. The Dental Auxiliary has become, since its organization a few years ago, a very great asset to the dental profession and they are adopting new goals of service and finding phases of usefulness in assisting the dentists of North Carolina to serve the public in a more efficient and unselfish manner. Our hats are off to the Auxiliary for the splendid job they are doing.

Dentistry owes so much to its forebears and the leadership in our great progress, that we who have come afterwards feel deeply grateful to all who have contributed to the advancement of dentistry. May we particularly express our appreciation to those who have contributed so much to make the meeting of the Fourth District Dental Society possible this year.

# PROGRAM

## FOURTH DISTRICT DENTAL SOCIETY

Hotel Sir Walter, Raleigh, N. C.

Monday, October 26, 1953

- 7:00 P.M. Banquet  
           "Why I Became An American"  
           Dr. R. C. Young ..... University of Georgia

Tuesday, October 27, 1953

- 8:30 A.M. Registration
- 9:30 A.M. Meeting Called to Order, President L. M. Massey, Zebulon  
           Invocation, E. D. Baker, Raleigh  
           Secretary-Treasurer's Report, W. H. Finch, Jr., Henderson  
           President's Address, L. M. Massey  
           Recognition of N. C. Dental Society Officers  
           Introduction of Visitors, G. Fred Hale, Raleigh
- 9:45 A.M. Business Session
- 10:30 A.M. "Principles of Endodontic Treatment"  
           Dr. Robert Jack Shankle ..... Chapel Hill
- 11:00 A.M. "The Child in Your Practice"  
           Dr. W. W. Demeritt ..... Chapel Hill
- 12:30 P.M. Luncheon
- 1:30 P.M. "Panel Discussion"  
           Dr. Ben C. Ogle, Raleigh; Dr. C. R. Stephens, Durham; Dr.  
           David Davis, Chapel Hill.
- 3:00 P.M. Table Clinics  
           *A New System of Mounting and Filing X-Ray Films*  
           J. H. Edwards ..... Raleigh  
           *Comparison of Filling Materials*  
           D. W. Seifert ..... Raleigh  
           *Hydrocolloid Technique for Multiple Impressions*  
           R. E. Finch ..... Raleigh  
           *Orthodontics*  
           E. D. Baker ..... Raleigh  
           *Pulpotomy in Children's Dentistry*  
           Glenn L. Bitler ..... Raleigh  
           *Self-Curing Resin for Class IV Cavities*  
           Thomas H. Byrd ..... Raleigh  
           *Instruments I Have Found Useful in Exodontia and Oral Surgery*  
           T. G. Collins ..... Raleigh  
           *Treatment of Trifacial Neuralgia*  
           J. R. Edwards, Jr. .... Fuquay Springs
- 4:00 P.M. Business Session—Adjournment

**BEN C. OGLE, M.D.**

Diplomate of the American Board of Anesthesiology, Dr. Ogle received his M.D. degree from Columbia University and is now Anesthesiologist for Rex and St. Agnes Hospitals in Raleigh. He will lead a panel discussion on "The Merits and Administration of General and Local Anesthetic Agents" at the Fourth District meeting.



**DR. OGLE**



**DR. SHANKLE**

**ROBERT JACK SHANKLE, D.D.S.**

Associate Professor in the Department of Operative Dentistry at the University of North Carolina. Dr. Shankle has limited his field to Endodontics. Dr. Shankle is a graduate of Emory and taught there before joining the faculty at UNC.

# FIFTH DISTRICT DENTAL SOCIETY

## OFFICERS

W. H. Young .....	President
Coyte Minges .....	President-Elect
R. A. Daniel, Jr. ....	Vice-President
M. M. Lilley .....	Secretary-Treasurer
Frank G. Harris .....	Editor

## COMMITTEES

### PROGRAM

C. B. Johnson, Chairman	
Ransey Weathersby	C. P. Godwin

### CLINIC

A. T. Jennette, Chairman	
Wallace Griffin	Frank Harris

### ARRANGEMENT AND PUBLICITY

R. E. Williams, Chairman	
A. C. Early	J. M. Zealy
	Ben H. Huston

### AUDITING

Fred Hunt, Chairman	
J. M. Kilpatrick	Darden Eure

### DENTAL DECAY

Horace Thompson, Chairman	
L. R. Turner	Z. L. Edwards, Jr.

### RESOLUTIONS

Paul Jones, Chairman	
Dewey Boseman	H. Spear

### RELIEF

Paul Fitzgerald, Chairman	
G. L. Overman	J. V. Turner

### NECROLOGY

B. McK. Johnson, Chairman	
Cedrick Zebulin	T. A. Smith

### MEMBERSHIP

Z. L. Edwards, Chairman	
R. A. Daniel, Jr.	Jimmie Smith

# Cordial Welcome

**W. H. YOUNG, D.D.S.,**  
***President***



The Fifth District Dental Society will hold its annual meeting October 25-26, in Goldsboro. The Entertainment Committee promises us a good time and the Clinic and Program Committee assure us that, certainly, it will be worthwhile.

We extend a cordial invitation to friends from other districts and states to attend our meeting and we sincerely hope that every member, both old and new, will be present and make this session one of our best.

The meeting would not be complete without the ladies. Let's have a record number with us this year.

I wish to express my appreciation to each committee and individual member who has worked to make this a successful year. We are grateful to the speakers and clinicians who are bringing us a fine program — one you will not want to miss. Make your plans NOW for I shall be expecting to see each of you in Goldsboro.

# PROGRAM

## FIFTH DISTRICT DENTAL SOCIETY

Goldsboro, N. C.

October 25-26, 1953

Sunday, October 25, 1953

6:00 P.M. Supper, Goldsboro Country Club

Monday, October 26, 1953

Hotel Goldsboro

- 9:00 A.M. Meeting Called to Order by President W. H. Young, Burgaw  
Invocation, The Reverend Mr. Frank J. Long  
Address of Welcome, Mayor Scott B. Berkeley  
Response, W. S. Griffin, Edenton  
Minutes of Last Meeting  
President's Address  
Report of Necrology Committee  
Presentation of Applicants for Membership  
Greetings from N. C. Dental Society Officers  
Greetings from the Dental College  
Introduction of Visitors
- 10:00 A.M. "Practice Management as it Relates to Children"  
Dr. W. W. Demeritt ..... Chapel Hill
- 11:30 A.M. Table Clinics  
*The Use, Indication and Construction of a Space Maintainer*  
William Tucker ..... Goldsboro  
*Simplified Pulpotomy in Primary Teeth*  
H. L. Hinson ..... Kinston  
*The Paralator and Its Place in Dentistry*  
W. H. Gray ..... Williamston  
*Restoration of Non-Vital Anterior Teeth*  
Z. L. Edwards, Jr. .... Washington
- 1:00 P.M. Luncheon—Hotel Goldsboro
- 2:15 P.M. Business Session  
Treasurer's Report  
Report on President's Address  
Committee Reports  
New Business  
Election of Officers  
Selection of Meeting Place  
Installation of Officers  
Adjournment

# Prevention & Control of Periodontal Disease

GROVER C. HUNTER, JR., D.D.S., M.S.

Periodontal disease is the result of an interplay of many factors, both local and systemic. It is the end result of a chain of events which we attempt to reconstruct in periodontal diagnosis. One of the vital links in this chain of pathological events is inflammation, although the degree of inflammation in relation to visible causes is a variable from one individual to another.

It is the consensus of most authors that a great majority of the cases of periodontal disease fall into the classification of periodontitis, which is primarily the end result of the inflammatory process inducted by local irritants, mainly calculus. These local irritants act as the trigger mechanisms to set off inflammation in the gingivae which by extension finally involves the deeper supporting tissues of the tooth.

To exclude systemic factors from our discussion would be indeed short-sighted, but since only a very small percentage of cases can be attributed primarily to degenerative changes in the bone and soft tissues, we feel justified in devoting less space in this paper to periodontosis. Certainly we do not wish to minimize systemic factors, but a great deal more clarification by research will be necessary before we can approach the treatment of this condition on a more scientific and rational basis. Even in periodontosis inflammation is sooner or later a complicating factor to be reckoned with in the treatment approach. Systemic factors, to a greater or lesser degree, have a part to play in all

periodontal disease. One of the main difficulties lies in determining the degree and extent of their role in this disease complex. To elaborate for a moment, let us consider necrotizing ulcerative gingivitis (Vincent's infection). The organisms associated with this condition may be isolated from the gingival sulcus of many so-called normal patients, i.e. patients without the clinical symptoms of the disease. If, however, the threshold of tissue tolerance to local irritation is lowered, the organisms multiply with the resultant clinical picture of marginal inflammation and necrotizing interdental papillae. Now applying similar principles to the majority of patients with periodontal disease, the straw that most often breaks the camel's back is acute and sub-acute inflammation which is allowed to progress to the chronic phase. Long standing chronic inflammation so alters the normal histological structure of the periodontal tissues that healing and restoration of normal relationships by treatment is rendered oftentimes a major problem.

More intensive recent research has been directed at the process of inflammation and so we are on firmer ground in this phase of understanding of periodontitis. Periodontitis is the end result of an inflammatory process which can be intercepted and reversed quite easily in the initial stages and even later in the advanced chronic stages, but in this latter event more heroic measures are required.

Normal gingival tissue with its corresponding soft tissue attachment to

the tooth remains functionally a healthy tissue until the process of inflammation enters the picture. The free gingival and alveolar crest fibers cannot remain intact when involved in a prolonged inflammatory condition. One of the biochemical by-products of inflammation is an enzyme which has the capacity of dissolving and destroying collagen fibers. The destruction of the free gingival and alveolar crest fibers removes the key barrier to the downgrowth of the epithelial attachment. Also inflammation is known to stimulate cellular proliferation not only of connective tissue but also of epithelium. There is only a short step also from gingival inflammation to involvement of alveolar crest bone. (Fig. 1.) Bone is a tissue which offers very little resistance to inflammation. It is less resistant to inflammation than some soft tissues such as muscle and tendon.



FIG. 1.

Photomicrograph showing extension of gingival inflammation to alveolar crest bone.

New bone cannot form in a lowered pH environment which accompanies the inflammatory process. Bone resorption is also favored in inflammation and thus visible bone loss may be seen on the radiograph quite early.

All of us I am sure are interested in prevention and even more so today in the light of advances in medicine which have prolonged man's span of years considerably within our life

time. Tooth loss prematurely is, therefore, a much more serious matter today than formerly. Man is more fortunate, however, than his lowly brothers of the animal kingdom in that he does not depend entirely on the preservation of his natural dentition for survival. Be that as it may, cosmetic considerations and the pleasures of mastication can best be prolonged in the individual in most instances by the preservation of the intact natural dentition.

The general practitioner can help to prevent and control a great deal of needless periodontal disease if he will take the time to examine the supporting structures around the teeth while he is charting the mouth for restorative treatment. As one of my colleagues aptly put it, "We are so used to seeing soft tissue pathology around teeth that we may be led into accepting or taking for granted these pathological conditions as normal." The following are a few suggestions in a program of control and prevention:

I. A periodontal probe calibrated in millimeters should be as much a part of the dentist's armamentarium as are his mouth mirror and explorer. It should take only a few minutes of time to examine the *soft tissues* and gingival sulcus around the teeth while exploring for cavities. Also this periodontal examination should be made in conjunction with good x-rays. An x-ray examination alone, however, is not sufficient to determine the diagnosis of periodontal disease.

II. The examination of occlusion is often overlooked in the haste to examine the teeth with the jaws in open position. Temporomandibular joint pain or undue noise such as clicking of the joint during the normal opening and chewing should suggest occlusal interference. Prematurities may

also be detected by observing the path of closure of the mandible from rest position to final occlusal contact. In this connection it is also worth mentioning that patients should be advised of the ill effects on the arch of teeth lost by extraction. Elongation of teeth without opposing antagonists, and mesial tipping, especially of the lower first and second molars, constitute a situation which favors poor soft tissue relationship and hastens the time of onset of periodontal troubles.

Patients who persist in nervous habits such as night grinding should receive special occlusal care to

the patient. Vincent's infection is a good example of inflammation which should be reversed by proper treatment and follow-through, since this infection is of a necrotizing variety, attacking and destroying the normal architecture of the interdental papillae. It is suggested that the fee for treating Vincent's infection should be based on the entire amount of time required for proper follow-through and, if possible, collected in full at the time of the first treatment. In this way the patient will be more likely to follow the treatment plan to completion since he will then be impressed by the seriousness of his condition.

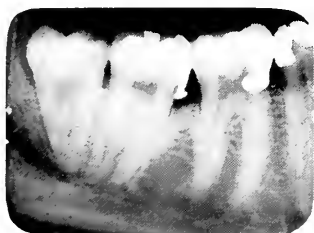


FIG. 2.

Radiograph showing gingival overhang on an amalgam restoration. Such a restoration is directly contributory to gingival inflammation with resultant pocket formation and bone involvement.



FIG. 3.

Radiograph of interproximal amalgam restoration with a gingival overhang. Note bone involvement.

restrict in so far as possible the extent of the damaging effects on the supporting tissues. Also proper orthodontic diagnosis at an early time will prevent conditions favorable to later periodontal involvement.

III. We must never allow acute gingival inflammation to become chronic. Since local irritation in the form of calculus is the most frequent existing factor in gingival inflammations, we must consider thorough prophylaxis as the most important single service the dentist can render

Marginal inflammation of the gingivae of pregnant women should likewise be treated as a serious complication since the tissues during this period are highly susceptible to injury from inflammation and the damaging effects may carry over into the post parturition period.

IV. We must not be guilty of initiating periodontal disease by neglecting to remove gingival overhangs on inlays and amalgam fillings (fig. 2 and 3) or by failing to restore teeth to their proper contact and con-

tour. X-ray examination should be made of restored teeth as insurance against leaving gingival overhangs. In placing crowns on badly abraded teeth we have an opportunity to reduce the added burden on these teeth by reducing the tooth buccolingually. This modification in preparation reduces the load carried by the root of the tooth. In our bridge-work we can likewise follow the same principle in reducing bucco-lingual diameter of the pontics. The preparation of teeth for three-quarter crowns especially on cuspids should take into consideration the fact that these teeth very frequently cause interference in lateral movement. This interference should be properly corrected before the preparation for the three-quarter crown is made. If this is not done the finished crown will not afford enough thickness of gold for relief in occlusal adjustment after

cementation. In fact occlusal equilibration should be considered before any major restorative treatment is begun.

*Summary:* The general practitioner is in a position to recognize and treat periodontal disease in its early stages when most treatment can be highly effective. When allowed to go to its advanced stages the time required for treatment is much greater and likewise the cost to the patient. Why wait until the periodontal structures require extensive and time-consuming procedures when we are in a position in most cases to intercept this disease before it advances to its terminal stages? Periodontal disease in its initial stages can be treated and treated effectively by the general practitioner, and consequently he is in the most favorable position of being able to practice prevention and control.

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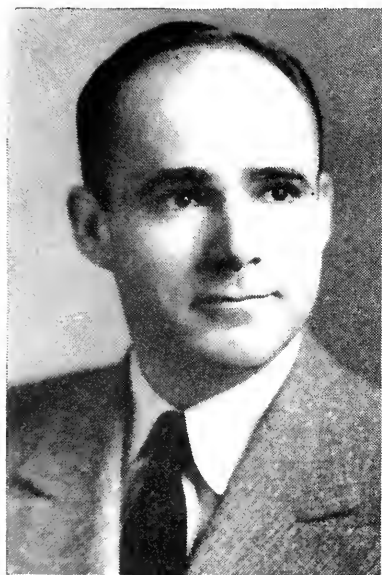
## Prosthodontists Organize

At an organizational meeting held in Atlanta, Georgia March 22, 1953, the Southeastern Academy of Prosthodontics was formed. Its purpose as stated in the preamble of the constitution and by-laws, is "That it has been felt there is a definite need for such an academy in the Southeast in the best interest of the public and the profession, and to promote and advance the branch of the art and science of dentistry pertaining to Prosthodontics."

North Carolina, South Carolina, Georgia, Florida, Alabama, Tennessee and Mississippi embrace the territory from which the membership is comprised.

Officers are President, Dr. Henry C. Parker, Charlotte, N. C.; President-Elect, Dr. G. J. Perdigon, Tampa, Fla.; Vice-President, Dr. L. G. Parry, Atlanta, Ga.; and Secretary-Treasurer Dr. Ralph Durham of Macon, Ga.

# Dr. Gay Addresses Periodontology Group



DR. S. P. GAY

I shall discuss three reasons why I believe good periodontia is not practiced by more dentists and shall make some suggestions as to how this situation can be remedied.

First—The teachers neglect in stressing the difficulties in periodontal therapy.

Second—Our failure to recognize the importance of home care.

Third—Low fees which prevent an incentive for better Periodontal service.

The way he is taught in dental school has some influence on the disillusionment of the dentist after a few years of practice. In the first place not enough time is devoted to the teaching of periodontia. Statistics prove that more teeth are lost from

periodontal diseases than from decay, yet only a small percentage of the hours spent in obtaining a D.D.S. degree is spent in studying the diagnostic and treatment procedures of these diseases. Even with more hours devoted to periodontia the students could not be taught to correlate all of the known etiological factors in a given case. That could only come from years of study and practice. I do believe, however, they could be graduated with a different frame of mind which would help them after entering practice. What I mean is this—the average dental student leaves college believing he knows most of the answers to periodontia because he has been more or less taught that diagnostic and treatment procedures used by his professors always work. He has seen it work in the school clinic, he has seen soft hemorrhagic gums cease hemorrhaging, he has seen red, swollen or thickened gums shrink and become pink, he has seen periodontal pockets eradicated and look clean and healthy, but what he has not seen is the same patient two, three or five years later. In practice he does see these patients later and finds many of them in as poor state of health, or worse, than before they were treated. This he does not understand because down in his heart he honestly believes the diagnosis was correct and the treatment was initiated exactly as his admiring professors would have initiated it. Instead of asking himself the following question, he gives up. Such questions as these:

Was the prognosis on this case less favorable than I thought? Was there more absorption of bone than I real-

ized? Were there greater bifurcation involvements than I discovered? Did I fail to see this circular or intrabony pocket? Did I notice, because of the missing teeth and bite the patient is masticating only on the left premolars? Did I properly equilibrate this case? Did I recognize that the patient is guilty of bruxism? Did I fail to see the tendency of this patient's gingivae to proliferate? Did I notice the amount and kind of infection present when this patient was first treated? Did I fail to make note of this poorly developed bone? What about these tiny, short roots—did I miss making note of their size and length? Did I diagnose this condition as periodontitis simplex when it should have been periodontitis complex? Should I have done a gingivectomy instead of conservative treatment? All of these questions and many more the conscientious young dentist could ask himself.

What I am trying to say is this—the student whether intentionally or otherwise, is led to believe that the treatment of periodontal diseases is much simpler than it really is, that prognosis in many cases is more favorable than it really is and that success is more positive than it really is. So, when the young dentist fails to obtain results, he is likely to give up in despair and become an antagonist to periodontal therapy or go on believing that he is as well qualified to diagnose and treat as any one, spending the rest of his life doing a half hearted service to his patients. I feel that many clinicians add greatly to this confusion and disillusionment by presenting only the positive side of periodontal therapy. I fail to understand the ego of any periodontist who can only talk about the positive results and intimates that he has no failures. (Even a good physician will sometimes admit that he has buried a mistake).

Now I shall proceed to the second point in this discussion—Home Care.

In case the dentist has made the proper diagnosis and initiated the proper treatment, he can still fail to obtain lasting results, because in a large percentage of periodontal diseases successful treatment depends upon the patient's home care as much or more than on the treatment initiated by the dentist. We cannot expect home care to prevent and control periodontal diseases unless we take the time to teach our patients how to clean their teeth. We spend six or seven years in college to get a dental degree. We are taught that food debris and subgingival calculus are irritating substances, which are the chief etiological factors contributing to periodontal diseases. In treatment procedures we are taught, and rightfully so, that cleaning and polishing cemented surfaces is basic and fundamental. In the clinic most of the time and effort is spent on teaching the student how to remove subgingival calculus. In practice, if we do a good job, we often have to spend several hours scaling and polishing, yet we expect a patient to pick up a brush, and without any instruction whatsoever, keep his teeth clean with a minute or two of brushing. It is absurd to expect so much of a patient because he has to reach the same difficult places with the toothbrush bristle or some other device that we penetrate for scaling and polishing.

Before we can teach patients to care for their teeth, the concept of a generalized technique for all patients will have to be changed to instruction and technique for each individual. The architectural and anatomical lives formed by the teeth, gums and bone vary in each individual. This is particularly true in treated cases of periodontitis or periodontosis, where the

bone outline varies so greatly because of different types of pocket formations.

Patients vary greatly in their adeptness in learning to use a brush. Some learn very quickly—maybe in two or three lessons—others will take hours over a long period of time and some never become proficient, although they try. If you will excuse a personal reference—I have had patients who could not or did not learn to clean particular areas or certain teeth until they had been coming to me for several years.

To give these instructions takes time and energy and we must get paid for it—This leads to the third and last point as to why the average dentist does not give good periodontal service.

This is the matter of fees. Our whole concept of dental practice has been largely based on the intrinsic value of materials. The dentist soon finds after entering practice he can sell and make money on a tangible thing like a filling, a bridge or a denture or a partial denture. The patients are easy to sell on these things because they are educated to put value on materials. Periodontal therapy and its results is an intangible thing so our predecessors in dentistry have been handing down to us a low fee schedule for this service since the beginning of dentistry. As a whole no generation of dentists has been able to overcome this custom of low fees. My suggestions on how to get better fees for periodontal service will have to come from my own personal experience. First let me say that I do not get large fees nor do I believe in exorbitant fees. There are too many deserving people who need this service, whose ability to pay is limited. But I do believe we should get fair remuneration for our know-

ledge and the practical application of that knowledge for this service.

Periodontal service being intangible cannot be sold like a tangible thing. I am convinced it cannot be sold for so much per treatment. A patient will worry just as much about the number of three dollar treatments he is to receive as he will about the number of twenty dollar treatments he is to receive. It must be done by contract—this is the only way to eliminate worry about cost, the patient should be told what the complete treatment will cost him in figuring what the fee should be, the dentist should record all the things he will have to do and the things he may have to do. He should include plenty of time for home care instructions because he can never know how much time this will consume. He should set his fee according to the number of hours he thinks it will take to complete the case. I assure you that in most cases if a real service is rendered the patient, the dentist will have worked his allotted hours, the patient will be a winner and the dentist will not be a loser.

Now, you may say that is easier said than done. If one has the knowledge to evaluate each case, the knowledge to initiate proper treatment and a sincere desire to save the patient's teeth, he will have confidence and enthusiasm. I believe confidence and enthusiasm is transferable to the patient. You and I cannot remain enthusiastic about something for which we are underpaid, especially when more simple things can be done with fair remuneration. Remuneration for a service is an incentive for rendering that service. However, enthusiasm without knowledge only serves as a bribe to the patient and disappointment for a conscientious dentist.

All cases should be contracted the same way, whether it be a simple gin-

ginitis or an extensive periodontitis. The greatest periodontal service we can possibly render our patients is the prevention of periodontitis. Should not we find means of selling this service to the American people?

We, members of the Southern Academy of Periodontology, can by bring-

ing periodontal service nearer to its potentialities have a great impact on dentistry here in the south which would radiate around the world.

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President's Address, given by Dr. S. P. Gay of Greensboro at the Southern Academy of Periodontology.



## Dr. McCracken's Will Includes Dental Foundation

The sum of \$1,000 was designated in the will of the late Dr. F. W. McCracken of Sanford, North Carolina, for the Dental Foundation of North Carolina, Inc. Dr. McCracken was one of the Directors of the Foundation, and one who did much to stimulate and develop the Foundation.



## Announcements

The North Carolina Dental Society. Ninety-Eighth Anniversary Meeting. Carolina Hotel, Pinehurst, N. C. May 16-19, 1954. Write Dr. Ralph Coffey, Secretary-Treasurer, Morganton, N. C.

American Dental Association 94th Annual Session. Cleveland, Ohio. September 28-October 1, 1953.

# Accreditation of Laboratories Dental Society's Own Program

C. A. UPCHURCH, JR.\*

The program of accreditation for qualified dental laboratories in North Carolina was established by the dental profession and has the wholehearted support of the American Dental Association and the North Carolina Dental Society.

That fact needs to be re-emphasized from time to time. It is highly important that the individual dentist should recognize the accreditation program as the program of his own profession and to give it the fullest measure of cooperation.

In North Carolina today there are 34 dental laboratories that have met the requirements of the Prosthetic Dental Service Committee of the North Carolina Dental Society. Each accredited laboratory is a member of the North Carolina Dental Laboratory Association. The Dental Society will not not accredit a laboratory unless it is a member of the Association, because it recognizes the Association as the only official agency working continuously to maintain high standards in the laboratories and to keep laboratory technic abreast of the remarkable forward strides of dentistry.

The ethical dental laboratories accredited and banded together in the North Carolina Dental Laboratory Association are proud of, and honored by, the responsibilities and recognition given to them by the profession. They recognize their obligation to turn out high-type work at fair prices and to work ceaselessly to improve standards in their craft.

Since accreditation is a mutual program, they also feel that the dentists—individually and as a profession—have an obligation to support the aims and policies of the accredited laboratories of North Carolina. Dentists can show cooperation in a tangible way by giving their patronage to accredited dental laboratories.

This program is not a closed-door affair. Every ethical laboratory in North Carolina has the opportunity to become accredited—provided it meets the standards of the Dental Society and the Laboratory Association. And by becoming accredited, the laboratory owner demonstrates his willingness to give his fullest cooperation to the dental profession.

The Information Bulletin issued a year ago by the American Dental Association was devoted exclusively to a discussion of the mutual responsibilities and problems of the dental profession and the dental laboratory craft. It gave a brief history of the Association's accreditation policy, adopted in 1946, and stated:

"Sound relations, therefore, between the dental profession and the dental laboratory craft are essential not only for the continued progress of both groups but also, and more importantly, for the development of a better dental health service. Such sound relations can exist only if there is real understanding by both groups of the many complex problems which

---

\*Executive Secretary North Carolina Dental Laboratory Association

can be solved only by continuing and mutual cooperation."

The N. C. Dental Laboratory Association heartily subscribes to that doctrine.

At its meeting in May of 1947, the N. C. Dental Society formally approved and established the accreditation program. It was formulated by the Prosthetic Dental Service Committee, then headed by Dr. Frank O. Alford, and a committee of laboratory operators. Sitting with this group was the late Dr. H. O. Lineberger, then chairman of the Prosthetic Dental Service Committee of the American Dental Association, which had requested the accreditation program.

Included in the committee's action was adoption of a motion requesting the *Journal of the N. C. Dental Society* to recommend that members of the Society patronize the accredited laboratories and to carry a list of the accredited laboratories in the publication. Laboratories currently accredited are listed in this issue of the *Journal*.

Doing business with an accredited laboratory—which means a member of the N. C. Dental Laboratory As-

sociation—has numerous advantages. The laboratories have only one customer—the licensed dentist. And they are pledged to recognize his prescriptions and his alone.

The accredited dental laboratory is, indeed, a vital and essential adjunct to the dental profession. It is proud to serve such a great profession.

Owners of accredited dental laboratories take pride in the fact that North Carolina was the first state to enact a cooperative movement for better relations between dentists and laboratories. In the N. C. Dental Laboratory Association, the accredited laboratories are governed by a strict code of ethics. Each year the Association conducts clinics and holds an educational meeting to study new techniques and other methods for improving their services to the dental profession. Its members are pledged to stamp out all illegal practices of dentistry, and they are alert to report and act against instances of such. Dentists know that from an accredited laboratory they get the highest type of workmanship and materials and that they come from a clean, sanitary laboratory.

## Advisory Board Minutes

Meeting of the Dental College Advisory Committee of the North Carolina Dental Society was held in Chapel Hill Sunday, June 27, 1953. Members present were Drs. Fred L. Self, Frank Alford, John R. Pharr, Wade H. Sowers, L. G. Coble, Sam W. Shaffer, D. L. Pridgen, Wilbert Jackson, L. M. Massey, Paul Fitzgerald, Paul E. Jones, and Claude A. Adams.

Meeting was called to order by Dr. Paul Jones, Chairman. Minutes

of the previous meeting of January 4, 1953 were read and approved on motion of Dr. Jackson, seconded by Dr. Massey.

Dr. John Brauer was called upon to present and discuss pertinent facts concerning the development and operation of the dental school.

—Discussed the recently completed successful third year of the school, phases of the summer session and details of full-time faculty vacation

plans as related to the summer session.

—Discussed in much detail the subject of patient distribution in obtaining clinical material for the student practice.

—Stated anticipation of accepting full number of students for the entire school, initiating for the first time this fall courses in Dental Hygiene by accepting 16 students for the 2 year course as Dental Hygienists. He is also in process of setting up a four year course to lead to a degree as Bachelor-of-Science in Oral Hygiene.

—Discussed invaluable work of the Dental Auxiliary in presenting to students in high schools throughout the state, vocational guidance leading toward a career as a dentist, dental hygienist, or dental assistant.

—Commented on phases of the recent State Board Examinations held in the school. Dr. Frank Alford, Secretary of the Board of Dental Examiners made favorable comments on facilities furnished by the school to the men taking the examination.

—Reported on the success of the recently completed postgraduate course on Dentistry for Children, commenting on plans for degrees to be given for graduate courses completed in Orthodontics, Periodontics and Oral Surgery. Stated that the recent legislature authorized completion of the Postgraduate Clinic on the

third floor of the dental building and that plans for equipment are now being prepared.

Commented on the Extension Courses now being set up for Dental Assistants, such courses leading up to a certificate upon completion.

—Dr. Brauer discussed some aspects of the Intramural Practice in the school, read copy of a letter written to Dr. Clark, Health Affairs Administrator.

—Read copy of letter from Dr. Ralph Coffey, Secretary of the North Carolina Dental Society to the University Administration calling attention to the vote on the Resolution by the State Society at Pinehurst relative to the Intramural Practice.

—Stated that the Resolution of the North Carolina Dental Society will be considered and discussed at a meeting of the Health Affairs Committee of the Board of Trustees of the University.

—Announced resignations of Drs. W. T. Burns, Alex Pearson, Guy Willis, George Kirkland and W. K. Griffin as members of the part-time faculty of the dental school.

Dr. Paul Jones thanked all members present for attending this meeting, and upon no further business being presented the meeting was adjourned.

Claude A. Adams, Secretary.



The McCall family at the Pinehurst meeting. Seated from left to right, Charles William, Mrs. McCall, and Dr. McCall. Standing, Glenn W., Robert S., and Clyde.

# *The McCall Family in North Carolina Dentistry*

One of the unique distinctions enjoyed by the North Carolina Dental Society is that of having among its membership a group of four dentists from one distinguished family.

The family is that of Dr. C. S. McCall who has practiced dentistry in Forest City for the past thirty-two years. Three of his sons are graduate dentists and one son will be a senior this fall at the University of North Carolina School of Dentistry. Dr. McCall also has one son who is a physician and a daughter who is a nurse.

Following his graduation at Berea College, Dr. McCall served with distinction as Principal of a high school at Newbern, Tennessee for two years. He then decided to study dentistry at Atlanta Southern Dental College, now Emory University, from which he received his D. D. S. degree in 1919. Upon graduation he entered private practice at Cliffside and later moved to Forest City.

In addition to the splendid service rendered in his profession he has been an outstanding citizen. He was selected as Forest City's Father of the Year in 1950. Dr. McCall also served as Superintendent of the Sunday School at the First Methodist Church for twelve years.

Dr. Charles William McCall attended Wofford College and received his

D. D. S. from Emory University in 1941. He is now in private practice in Tryon. Dr. Charles McCall is serving this community in a manner which reflects credit to himself and his profession.

Dr. Robert S. McCall attended Brevard College and received his D. D. S. from Emory University in 1943. Following his service in the U. S. Army he was associated with his father for two years. He is now in private practice in Marion and is making a great contribution to this community.

Dr. Glenn McCall attended Berea College and upon graduation in June of 1953 became the third son to receive his D. D. S. from Emory University. He also served in the U. S. Army and plans to become associated with his brother "Bill" in Tryon.

The youngest son, Clyde N. McCall also attended Berea College and will be a senior at the University of North Carolina School of Dentistry this fall. Clyde has made an enviable record at the University, indicating that he is following the pattern of the McCall family.

The North Carolina Dental Society is honored and pleased to have among its membership a family who has contributed so much to the dental profession and to the communities in which they live.

# Student Loans Available

The 1945 State Legislature established the Student Loan Fund for the purpose of aiding worthy students who need assistance in financing their professional education and who agree to practice their profession in a North Carolina rural area or small town of less than 2,500 population for a period of at least four years upon the completion of their professional training. The loans granted under this program are administered by the North Carolina Medical Care Commission and are available to students of medicine, dentistry, pharmacy and nursing.

## Rules Regarding Student Loans and Practice in Rural Areas

1. To be eligible for a loan, the student must have been a resident of North Carolina for the past eight years.

2. The student must agree to practice his or her profession (medicine, dentistry, pharmacy or nursing) in a North Carolina rural area—town or village of less than 2,500 population—for at least four years immediately following the completion of the approved program of training.

3. Each note for a loan must be assured by the student's parents or by other sureties acceptable to the Medical Care Commission.

4. The student receiving a loan will be required to secure it with insurance on his life in an amount at least equal to the sum borrowed, and to furnish the Commission an assignment of the insurance which shall remain in force during the life of the loan.

5. The applicant must take a medical examination, including a chest x-ray, within 30 days immediately

prior to the date of his or her application for a loan. A statement by a licensed doctor of medicine that the applicant is in good health as of the date of application should be attached to the application.

6. The applicant must present evidence of his or her need for a loan with which to finance his or her professional training.

7. Interest at the rate of 2% per annum will be payable each June 30th on all outstanding loans at that date.

8. Repayment of loans must be made in monthly installments of not less than 2% of the total amount borrowed. Payments must begin six months after the completion of the training program approved by the Medical Care Commission. Each payment will be applied to reduce the amount of the loan plus interest.

9. When the Commission approves a loan to a student, sufficient funds are encumbered to enable the student to continue training to graduation. However, loans are granted on a yearly basis and are paid directly to the student in two installments—usually at the beginning of each semester of each academic year.

## Dentistry Student Loans

1. The maximum loan to a student of dentistry shall be \$1200.00 per academic year (approximately nine months), or a maximum of \$4800.00 for a four-year period.

2. If approved by the Medical Care Commission, the student who receives a loan may take an internship of one year immediately following the completion of the four-year course in dentistry.

### **Instructions to Applicants**

1. A student in need of a loan should as the first step secure a letter of acceptance from an accredited school of medicine, dentistry, pharmacy or nursing.

2. A student who has completed a part of the required training in an accredited school of medicine, dentistry, pharmacy or nursing and needs a loan with which to finance the com-

pletion of the course should support his application with a letter from the dean or other administrative official of the school regarding his status.

3. A student seeking a loan should submit the dean's letter regarding admission to the North Carolina Medical Care Commission, P.O. Box 1880, Raleigh, North Carolina, and request copies of the application form.



## **A.D.A. Warns Against Extravagant Claims**

The American Dental Association today urged both the dental profession and the public to adopt "a conservative attitude" toward actual or implied claims for anti-decay qualities of a new Listerine "Antizyme" toothpaste scheduled to be offered to the public beginning August 20.

The Association's Council on Dental Therapeutics and the Council on Dental Research, in a joint statement, reported that they had been unable to find any evidence that the new dentrifice has been directly demonstrated to reduce the incidence of dental decay in humans.

"It is the opinion of the Councils, therefore, that on the basis of the evidence presently available, actual or implied claims of anti-decay qualities for the new Listerine dentrifice are premature," the joint statement said.

Pointing out that the evidence so far consists of laboratory findings only, the two Councils said that it is "contrary to the public interest" to suggest that the use of any dentrifice may be substituted for well-recognized dental health procedures such as toothbrushing immediately following the eating of sugar products and the avoidance of excessive consumption of sugar-containing preparations.

# News Items

Asheville has lost two well known dentists by death. Dr. H. B. Gibson and Dr. N. P. (Nat) Maddux.

•

Dr. L. Van Proyen of Asheville has been seriously ill and confined to bed.

•

Dr. W. R. Aiken of Asheville has retired from practice and has sold his office to Dr. Max Carpenter.

•

Drs. Butcher, W. M. Ditto, C. B. Corey and Ike Efried have recently opened offices in Greensboro.

•

Walter Davis of Asheville and E. K. Break of Black Mountain are back in private practice after a tour of duty with the U. S. Navy.

•

Drs. Turbyfill and Truluck of Asheville, and Dr. James Hinson of

Greensboro attended the meeting of the South Carolina Dental Society which was held aboard ship cruising the Caribbean.

•

The Asheville Dental Study Club has been disbanded and former Study Club members will support the new Buncombe County Dental Society.

•

Members who have recently been called into the Armed Services include: Drs. L. T. Russel, Asheville; F. C. Port, Fletcher; Jimmy Caudle, Remus Turner, Marshall Solomon, W. R. Hinton, James Howell, all of Greensboro; and Maurice Newton of Chapel Hill.

•

Dr. W. W. Demeritt, UNC, gave a refresher course to the Florida State Society Dentistry for Children in Miami, Fla. August 8-9, 1953.

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## THIRD DISTRICT DENTAL SOCIETY

*(Continued from page 22)*

### NECROLOGY

J. S. Betts, Chairman

H. C. Carr

F. E. Gilliam

### ETHICS

H. V. Murray, Chairman

Spencer Woody

H. W. Moore

R. F. Overcash

L. G. Coble

### PUBLICITY

W. T. Burns, Chairman

Frank Atwater

J. Dilday

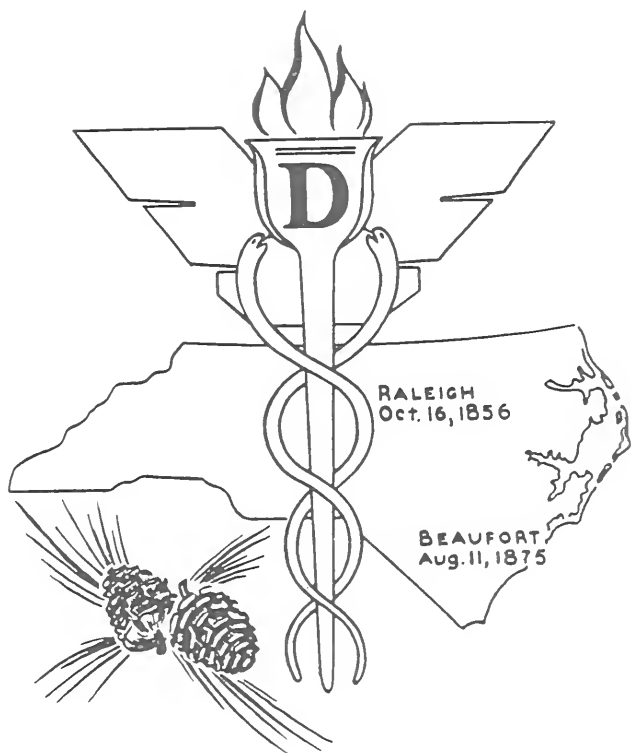
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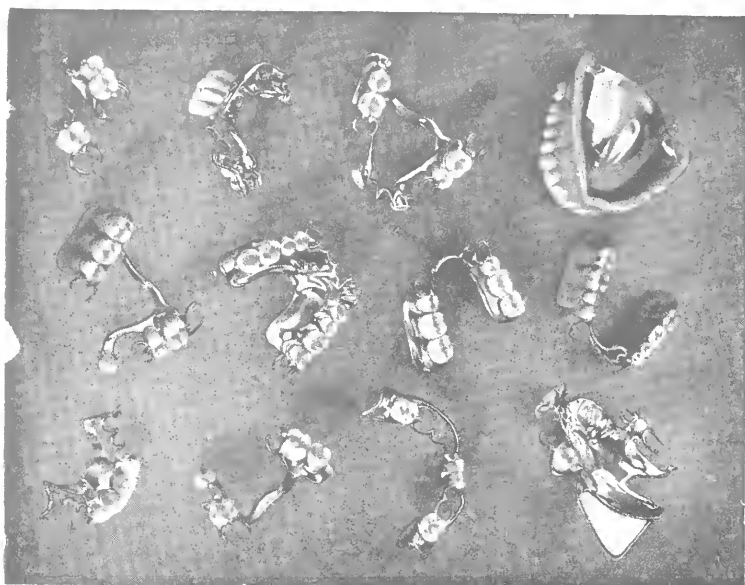


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# THE JOURNAL

of

## THE NORTH CAROLINA DENTAL SOCIETY

(Component of the American Dental Association)

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1953-54

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Marvin R. Evans, Editor  
Chapel Hill

The closing dates for the Journal are, February 10, July 10, and November 10.  
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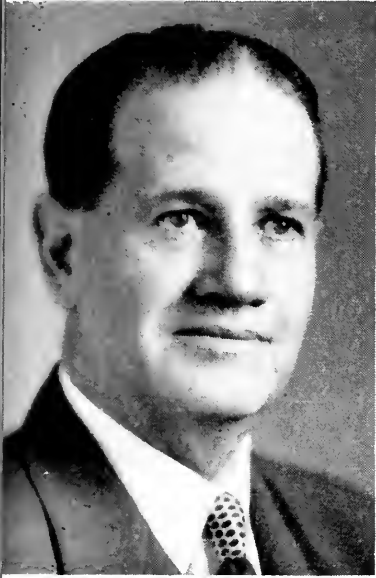


**To**  
**DR. W. T. RALPH**

Successful in practice, loyal to his profession, faithful in attendance, prominent in civic, political and business affairs, sensitive to the needs of others, generous in the exemplification of the ideal of service, loved and respected alike by friends and patients, this issue of the JOURNAL is dedicated.

# The President's Page

Leal Sheffield, D.D.S., Greensboro



DR. SHEFFIELD

Are there communities in North Carolina in which the public schools are selling candies and soft drinks to the children? Frankly I cannot conceive a situation of this kind any where in our state. My earnest desire is for each practitioner in the state to observe the schools in their community and if a situation of this kind exists would you please get in touch with the school officials and the Parent-Teacher associations and acquaint them with the dangers of dental caries from the use of refined carbohydrates. Much interest is being aroused to place milk and fruits in the schools for the students

to buy at the pre-lunch and after lunch periods. If milk and fruit are made available then there is less temptation to buy sweets at the corner drug store on the way home.

One very important matter I would like to bring to your attention at this time is the dental scrap collection for our May meeting. This may seem unimportant and trivial but stop for one second and let us do some calculating. Each office in the state should net one pound of alloy scrap, which if everyone donated, would run close to one thousand pounds. This would give the Dental Relief Fund around \$2000 which would go a long way toward building our relief fund to a point where some of our distressed members could be aided at a time when they most need it.

The collection of dental scrap has been placed in the very capable hands of our dental auxiliary, and this group is working with Dr. Paul Fitzgerald and his Dental Relief Committee. The important thing is for each practicing dentist, if you are not now saving scrap, to begin at once. If you do not save your scrap the auxiliary cannot collect it.

Now is a good time to check up on the Dental Relief Stamps

that I hope you placed on your letters and cards during the Yule Season. Make sure that you have mailed your check to the Relief Fund. As the stamps helped to brighten your greeting cards and letters so will your contribution show in a most appropriate way our love and esteem to some of our less fortunate friends and help make some of their later years brighter and happier.

Early observations of many of the committees has shown much activity and accomplishment at this time. If you are a chairman of a committee of the North Carolina Dental Society survey the field of possible activities that come within the scope of your committee and I hope at the May meeting each committee can report a full year of activities.

Our state officers have had a very rich experience in attend-

ing the ADA meeting in Cleveland, and the five district meetings. I am glad to report excellent meetings and good attendance was in evidence at all the meetings of these organizations. We were impressed by the fine group of new members, which were inducted at each of the district meetings. It is to this group of new members that I would extend a very hearty welcome. We will be looking forward to receiving them in the North Carolina Dental Society.

I would like to take this opportunity to thank the officers and members of the districts for the fine hospitality shown to the state officers during the fall meetings. At the half way mark of this administration let me thank all committees for your fine spirit of co-operation and accomplishments and let us unite for one purpose, a greater dental profession.

## Important Notice

To enjoy all rights and privileges a member in good standing of the North Carolina Dental Society, dues are due and payable on or before January 1st for the current year.

After March 31, any insurance policy (Professional Lia-

bility and Health and Accident) held by a dentist under the group plan of the North Carolina Dental Society or the ADA is no longer in force if dues remain unpaid. No member will receive the Journal of the ADA if dues are not paid.

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# From the Secretary's Desk

*Ralph Coffey, D.D.S., Morganton*



DR. COFFEY

At the time of this writing we have finished attending all of the district meetings. This was a grand experience and a very pleasant one in every respect. It was indeed gratifying to see the new members inducted, and while at this time I do not have a complete list of new members I feel sure there will be about seventy-five.

A District Officers Conference has been arranged and will meet in Greensboro. At this meeting we hope to co-ordinate the work of the district societies with that of the state society. We feel that much can and will be accomplished in this respect. At this conference men will be pre-

sent who can answer questions to some of the problems we now have. One specific example is the status of the insurance programs. Many questions will be answered in regard to this and the membership will be informed of the results.

Dr. S. B. Towler, Chairman of the Industrial Commission Committee, has advised me that new rates have been set up by the Commission. From the information that he gives me, we feel confident that the revisions will be in line with the recommendations of his committee. As soon as the Commission makes available the new rates each member of the society will be mailed a copy.

I hope that each of you will note the announcements that appear in this issue of the JOURNAL. I have reference to the Thomas P. Hinman Mid-Winter Clinic and the District of Columbia Dental Society Post-Graduate Clinic. These two meetings are very popular with many of our members and from advance notices that I have received they will be outstanding this year.

I hope that each of you have had a merry Christmas, and that in this new year you will make enough money to pay your taxes.

# Dental Problems Analyzed

*H. E. Plaster, D.D.S., Shelby*

Many of the same problems confront the dental profession today as did one year ago. Some are diminishing while others loom larger. With the present National Administration the threat of Socialized Medicine has subsided somewhat, but let us ever be vigilant, and conduct ourselves and our profession in such a way that agitation for compulsory health insurance will fall upon deaf ears. This can best be done by the individual dentist showing concern for the less fortunate, the underprivileged, and the indigent. By each man doing his bit in devoting time to the care of these people, and each shouldering his share of the responsibility, much can be done to insure the continuance of dentistry as a free, research-minded, democratic profession.

Another program of national scope that deserves our attention is the Veterans Administration's out-patient dental treatment. The Korean "police action" added materially to the number already receiving dental treatment, and it seemed for a while the entire program would get out of hand. Many considered it a back door approach to a complete health service. The picture now is changed. A vet-

eran to receive out-patient treatment must be included in one of three groups. He must be drawing compensation for a mouth injury incurred while in service. Favorable rating will be given those teeth found defective or damaged at discharge. The third group consists of those veterans drawing compensation for physical disability.

Another problem, somewhat smaller than it was is the fluoridation of communal water supplies. This project should be easier because the Newberg-Kingston experiment of 1945 has become a fact in 1953. After eight years of careful supervision and control all doubt as to any harmful systemic effect should be erased. Careful examinations show the incidence of tooth decay in children who have had fluoridated water since birth has been reduced 66%. With these facts in mind it should spur each of us to greater effort. The ADA has compiled a kit containing information and data as to the procedure to follow in procuring fluoridated water for a community.

In recent years the men who have preceded me as your president have made some mention of our dental school at Chapel

Hill. Of the faculty, the buildings, and their progress. Of the men in our state who gave, and are giving so generously of their time and talents and means. We have watched it from its inception. The first class, the Quonset hut, the completed unit, and now the fruition of our efforts. Before another stands before this group and gives his address, a group of seniors will have become fellow practitioners. Their number will be a great force for the advancement of dentistry in our state and nation. The mutual courses in basic sciences in our undergraduate student body cannot help but engender admiration and better understanding between the physicians and dentists of our state.

In conclusion I would like to recommend:

1. The rotation of our meetings over the first district from year to year. (We are delighted to have had you select Shelby this year.)
2. The continued active interest and participation in obtaining fluoridated water for communities.
3. That members encourage

their assistants and hygienists to join their respective state organizations.

4. Our Liability and Health and Accident Insurance programs in the N.C. Dental Society and the ADA offer fine protection. Avail yourself of them.
5. Go to Chapel Hill and see our dental school. Let us continue to give it and the North Carolina Dental Foundation our loyal support.

It has been my desire to serve the cause of dentistry in any capacity I could be used. No one could serve as your president without realizing how dependent he is upon others. To those of the various committees who have worked so diligently; to my fellow officers for guidance and direction; to the ladies of the auxiliary for their fine arrangements; to you, the members of the first district; I want to say thank you. I hope my efforts and conduct will reflect credit to our profession.

*President's address. Presented to the First District Dental Society, October 5, 1953.*

---

SAVE YOUR AMALGAM SCRAP AND THE DENTAL AUXILIARY WILL COLLECT IT.

# Code of Ethics Important

*Thomas L. Blair, D.D.S., Winston-Salem*

I would like to begin by expressing my appreciation of the honor you have bestowed upon me in electing me as your presiding officer. A year passes very rapidly with the stimulus of continually facing the challenge of new problems and their solution.

Now is the time to rededicate ourselves to the dental oath for dental ethics is more important than ever before, as we are witnessing the upsurge of strong anti-democratic forces to dentistry. We must take greater pains than ever before to protect and strengthen the idealism which has made our profession so individualistic. Today, as never before, there is a need for singleness of purpose in our every thought, word, and action. Therefore, let us consider what can be done to keep our ideals high, and to improve public understanding of the dentist's job.

It seems to me that these goals can best be achieved by doing everything in our power to strengthen the idealism of the dentists to be. This initial training should be done in the dental school. And this idealism should be carried on after the student graduates and goes out into the world to earn his living.

Professional men are concerned about their professional schools. These schools, to an increasing degree, determine the character of the profession. In a very significant way they serve as a gateway to the professions; they make the decisions as to who may enter and who must remain outside. The schools determine what principles, techniques, and methods of thinking the future members of the profession will learn, what professional attitudes they will develop, what ideals of service they will espouse. Moreover, the schools have a large share of the research and other creative activities, the results of which vitalize and renew the profession. It is understandable, therefore, why professional men are concerned about their schools.

Dentistry has the right to ask the colleges to prepare youth in mind and heart for the lifetime of practice which lies ahead. One of the principles of Ethics which is set forth clearly is very often neglected, namely "A dentist should expose without fear or favor, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession." If we do not adhere to this principle, we have

to one but ourselves to blame if unethical dentists continue to exist in the ranks of dentistry.

Organized dentistry is a great power for good in many ways. By disciplining its members and seeing that they adhere to the Code of Ethics and by emphasizing that the patient shall receive the highest type of care possible, rendered by those who have shown that they are qualified to give this care, organized dentistry controls the means whereby the patient gets the best. This profession represents highly specialized services which can be provided only by those who have prolonged training on a fairly high intellectual level. The professional man is distinguished by several marked characteristics among which I would name six. (1) He has acquired a specialized intellectual technique which enables him to perform a particular service. (2) He uses independent judgment in his service and assumes large personal responsibility for it. (3) He associates with others engaged in the same type of service, from whom he draws inspiration and requires new ways of performing his service, to them he freely contributes his ideas, his discoveries, and his inventions. (4) From an intellectual point of view, he is considerably above the average of men. (5) His actions tend to be regulated in the public interest either through

his own group, or through the state or both. (6) And finally, he is a dedicated man who has been set apart to render his responsibilities to those who commit their problems to him. In him is placed a great trust to act always in the interest of those he serves and for the common good.

As a profession, in a measure, we are privileged as a group inasmuch as State laws prevent unqualified persons from practicing dentistry, and admittance to practice is largely determined by members of the profession itself. We should, as an organization, stress self-discipline of the members of our profession. The Principles of Ethics provide some rules of conduct, but I believe true ethics are felt and not learned by studying a rule book, although the rule book is necessary. It is imperative that we conduct ourselves so that the public realizes and is convinced our aim is to serve and not exploit. Ill will, resulting from a misunderstanding or unhappy experience, is usually not limited to one member of the profession but extends to the profession as a whole. As a result, the prestige and esteem of the entire profession is lowered.

Let us not be found wanting when weighed on the scales of professional standards and ideals adopted by our predecessors.

## Good Public Relations Necessary

*Claude A. Adams, D.D.S., Durham*

One of the most important goals of our district society and of the North Carolina Dental Society for the past several years has been to educate the public concerning the great advantages in reduction of dental caries through fluoridation of public water supplies. Quoting a prominent Public Health official in our state, "Water fluoridation as a dental health method for prevention of significant amounts of dental caries is today endorsed by a broad group of agencies, including among others, the U.S. Public Health Service, the American Dental Association and the American Medical Association. It is now believed, and through careful investigation it has been proved that through the use of fluoridated water supplies, we may expect a reduction of up to 50% in dental caries in children using these waters from early life." It seems to me, therefore, that we should use all of our influence in trying to promote the expanded use of this program. We should also stress for persons not covered by this program, the ones unable to obtain fluoridated waters, the essentials of prevention of dental caries by reduc-

tion in consumption of fermentable carbohydrates and refined sugars along with emphasis on a program of oral hygiene with constant care of the mouth through regular and adequate brushing of the teeth, with regular dental examinations and early correction of all dental defects. Within the field of preventive dentistry lies, to a great extent, the future improvement of the dental health of the people of our state.

There is at present an apparent lull in the efforts of the supporters of a national compulsory health program, but we on all levels must continue to study the ever expanding Federal program, the Veterans Administration's out-patient dental program. In the recent meeting of the ADA there was much discussion of this program as it now assumes the continuous and un-ending care of many millions of veterans. The prevailing opinion among the dentists at this meeting was that the Federal Government's obligation for service incurred dental conditions should be no more than the correction of dental diseases and injuries incurred while in service.

The Veterans Administration should justly provide the veteran all treatment necessary to correct these service incurred diseases and injuries within a reasonable time after discharge, and after satisfactory correction the veteran should no longer be entitled to V.A. dental services for the years ahead. Much thought and study should be given this subject to reach a solution placing limitations on a program which could lead not only to a form of nationalized dental service but also to an extremely burdensome tax-load for the general public.

There is one other subject I want to mention. A subject that has been widely discussed by most of us during the past year. I refer to the wide variance of opinion among us concerning some matters of policy and practice in the School of Dentistry at the University of North Carolina. We are all keenly and strongly interested in the future success of the school which we have all been so proud to see established in our state, and from which we know so much good will come for the future of dentistry in the years ahead as the school develops to its full capacity with its excellent faculty

under the leadership of its very able administration. It is my sincere, personal hope that these differences which have arisen may be amicably settled through thought and study and that we as individuals, and as a group will be able to re-unite wholeheartedly in support of an institution that means so much to the future of dentistry and the dental welfare of the people of our entire state.

We regret the absence of those of our fellow dentists who are unable to be with us today but who are in the military service of our country, all of whom we shall be glad to welcome back upon their return as we now welcome those present who have been in service and are now again with us.

Allow me to express my appreciation to the chairmen and members of committees who have given such splendid cooperation at all times during the past year in an effort to make our meeting an interesting and successful one. Thank you for the honor and privilege of serving you.

*President's address. Presented to the Third District Dental Society, October 19, 1953.*

# Preventive Dentistry and Research Important

*L. M. Massey, D.D.S., Zebulon*

Dentistry in North Carolina has made wonderful progress in the past several years. It has become mature and is expected to conduct itself along lines of mature thinking and sound development. We pay tribute and homage to those who have gone this way and made their contribution to the cause of better and more intelligent dentistry.

The past several years have been prosperous years for dentistry and all other enterprise both from an economic standpoint and from the approach of research and development. There has been a great demand for dentistry. This has been brought about by co-ordinating the years of constructive and sacrificial efforts of many people in and out of the profession. It has been no trouble for a new graduate to decide upon a location and within a few months have a satisfactory practice. This has been due to several factors.

1. The demand for dental work brought on by years of educating the populace to the necessity for dentistry.
2. The era of prosperity for the past twenty years; the like of which this country has never known in its history.

3. The rapid increase in population in the United States beyond the expectations of statisticians and for which all of the professions and educational institutions have been unprepared.

4. The dental schools have been unable to meet the needs of this rapid increase in population and demand upon the dental profession.

These conditions are rapidly changing and as individuals and as a profession we will have to change to meet them.

The economic decline has set in. Supply and demand has been balanced and to some degree is overbalanced in over supply. This brings about an adjustment. Men are being laid off, forced vacations are being given and many manufacturers' items are actually meeting a lack of demand period. Weather and other atmospheric conditions are playing havoc with our economy.

The supply of dentists increases with each graduating class and soon will be ample for the population and its increase year by year. I shall not bore you with figures and statistics but if you are interested they are available and informative.

What should the dental profession do about it? There is a

very definite course of action we can take to meet these developments.

Give sufficient encouragement and support to the dental schools of our country, thereby, holding the standards of the dental profession to the highest level of dental education.

Urge and support constant graduate study for our practicing dentists no matter what their age or number of years in practice. This could be accomplished either in residence at our dental schools or through their extension departments. I have discussed this with Dr. Brauer, Dean of the School of Dentistry and the Extension Department of the University of North Carolina. They are not only willing but are anxious to cooperate in this type of work. Meetings could be arranged in Raleigh and Fayetteville one night a month, or one day and night each month for the school year. Many subjects could be explored and in groups of twenty or more this could be done at a minimum of cost. I should like to see the Fourth District be the first district in North Carolina to adopt this type of graduate study.

The above courses of action would be a challenge to the profession to improve the dental service it is rendering the people of North Carolina.

Stress and extend the educational side of preventive dentistry through organized efforts

and through individual teaching in the dental office. The dental profession throughout the country has been so overwhelmed with the number of patients and the amount of dental work to be done that it has not had time to educate the patient in preventive dentistry. In this respect it is far behind the field of research. The ADA House of Delegates pointed out that "convincing evidence has been accumulated over many years concerning the hazards to dental health resulting from the consumption of sugar" and stressed "the responsibility of the manufacturers of sweetened beverages and confections for devising suitable methods to eliminate the dental health hazards associated with the consumption of their products." Action on the resolution came simultaneously with a report issued by the ADA Councils on Dental Health and Dental Therapeutics in the October issue of the *Journal of the American Dental Association* which declared that a significant relationship between sweets and dental caries had been firmly established by dental research that began as early as 1867. In an editorial, the *Journal* charged producers of sweetened drinks with using unethical tactics in advertising that soft drink consumption does not contribute to dental decay. It cited as one example a recent advertise-

ment by the American Bottlers of Carbonated Beverages which said "that a decalcifying concentration of acids does not persist in the saliva of humans after drinking acidulated beverages." The *Journal* declared: "Thus the bottlers employ the red herring technic of diverting attention from a major contributing factor in the production of caries—the plaque—to one momentarily better suited to their purpose—the saliva."

Research again has forced the ADA to take action condemning misleading advertising claims of toothpaste, mouth wash, chewing gum, and other products manufactured that are detrimental to the public health. It also called upon the dentists to help discount, disprove, and condemn this type of misleading advertising by the education of the individual patient in their dental offices. Research has proven that fluoridation of city water supplies has definitely cut the percentage of decay and has in no wise shown any injury to the general health of the public. The ADA reiterated by passing a new resolution urging that cities inaugurate this method of preventing dental decay. This is again a step in preventive dentistry that each dentist can urge upon his own city or town.

There is one other specific responsibility that may be assumed by the dentist in his or her com-

munity and that is to accept the responsibility of full citizenship. Support our churches, educational institutions, and those political segments of our government that would make a contribution to the progress of humanity. This will reflect credit upon the dentist himself and the dental profession as a whole.

Dr. Ernest Branch has preached Rural Health in North Carolina for so long that the dental profession itself has adopted the idea of "let Dr. Branch do it." In North Carolina each year there is held a Rural Health Conference attended by several thousand people. The idea of the annual conference is to build better rural health in North Carolina. It is sponsored by the Medical Society and a half-dozen organizations. The dental profession is not present. By default it has lost its identity and recognition in this great opportunity to "tell the story of dentistry" to the leaders of every community in the State of North Carolina.

In summary, I should like to make the following specific recommendations:

1. That a committee be appointed to work with Dr. Brauer and the Extension Department for a graduate course for this year.
2. That we urge each dentist to spend more time in re-

futing the claims of unethical advertisers of products that are detrimental to the dental health of our patients in general. Take more time to educate the patient in the dental office to a better understanding of preventive dentistry.

3. It has come to my attention that some schools in North Carolina are selling candies, sweetened drinks, and confections in school stores and lunch rooms. Since the ADA in the Cleveland Convention passed a resolution condemning this as a hazard to dental health, I should like to recommend that we appoint a committee to call upon the State Board of Education and our respective County Boards of Education to ban these items from our school stores and prevent their sale on school property. Also request these boards to solicit teacher cooperation in teaching dental health to the children of North Carolina.
4. That we reiterate by resolution or endorsement fluoridation of municipal water supplies for prevention of dental decay.

In this season of collecting relief funds that the ADA now has underway, may I urge each of you to keep the stamps that are mailed to you and send one dollar or more to the Relief Fund. One-half of this is returned to our state. This I urge beyond the regular fee collected in your dues for relief.

Acquaintance and fellowship have always brought dental ethics to its highest plane of professional relationship. I should like to urge every member of this Society to enter the spirit that Dr. C. E. Abernethy, Chairman of the Hospitality and Fellowship Committee is attempting to establish in this meeting by every dentist knowing each other better and everyone feeling that he is included in the Society's whole fellowship and that there are no "cliques" or special groups operating within our district.

May I take this opportunity to thank the clinicians, the speakers of the day, the chairmen of all the committees and each member of a committee who have contributed to make this meeting a success.

*President's address. Presented to the Fourth District Dental Society, October 27, 1953.*

# Dental Issues of Today

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*W. H. Young, D.D.S., Burgaw*

I count it a privilege to meet with fellow-members of our profession. In addition to the good fellowship we enjoy, it gives us an opportunity to "compare notes" so to speak. We learn so much from the experience of others, and this is a time of sharing. New ideas and information are always made available to us by visiting speakers. Here, we learn new responsibilities, both to our profession and to the dental health of the people we serve. Here, we learn the problems confronting our organization. We review our accomplishments of the past year and set up new goals for ourselves. Surely, it is one of our duties to know what concerns our profession, that we may work intelligently to combat or further it, as the case may be.

During the past year the first post-graduate course has been offered at the School of Dentistry at Chapel Hill. If dentistry is to progress as it should in our state, it is necessary for these courses to continue and many others to be added. I hope the post-graduate part of our school of dentistry can be expanded so that each of us can benefit from it.

At present there is little organized effort on behalf of socialized dentistry. The Veterans Administration has issued a directive putting an end to life-long dental treatment for most veterans in the out-patient dental program. Under the new order the majority of veterans will be eligible only for treatment of a service connected dental defect and when the treatment is completed they will not be eligible for dental care. The ADA has long urged such a change in this program. Many have considered this program one of our worst threats to socialization of dentistry at this time.

We have a state-wide welfare program in North Carolina that was instituted as an emergency program. It is hoped that this can be discontinued at an early date; if not, some changes should be made. The work should be done on the same basis in all the counties. An adjustment should be made in the fees for the members of the medical profession are being paid more for similar work.

This year the Federal government cut appropriations for dental research, while spending

millions of dollars for dental treatment of veterans. We are well aware that the maintenance of sound research projects is the only effective and economical approach to the dental disease problem.

It is difficult to understand why dental activities must bear the effect of the congressional scalpel, since the committee was able to find additional millions for cancer, mental health, heart, arthritis and neurology institutes. Only microbiology shared with dental health in a cut from the revised request. It behooves every member of the dental profession to request congressman and senator to see that dental research projects receive enough appropriations for them to function properly.

One of the most notable achievements of dental research has been the proper fluoridation of water supplies. One out of

every nine persons in the United States is routinely drinking water containing a beneficial fluoride content. Fluoridation is in effect in forty-three states. Maryland leads the nation with over one and a half million people in one hundred sixty-four communities. If the children of our district are to receive the benefit from this great project which dental research has given us, we must "put the pressure" on our town and city councils in order to overcome the opposition of the misinformed and economy-minded members.

In conclusion, I would like to say that it has been a privilege and a pleasure to serve as your president for the past year. No one could ask for better cooperation than I have had, and I thank you from the bottom of my heart.

*President's address. Presented to the Fifth District Dental Society, October 26, 1953.*

## Southeastern Academy of Prosthodontics Will Hold Scientific Meeting March 20-21

The Southeastern Academy of Prosthodontics will hold its Scientific Meeting March 20-21, at the Atlanta Biltmore Hotel in Atlanta, Georgia. This session will feature as the clinician Dr. Richard Kingery, Head of the Department of Prosthodontics of the University of Michigan.

Any information regarding this session may be secured from Dr. Henry Parker, Charlotte, president of the society; Dr. Ralph Jarrett, Charlotte, membership chairman; or Dr. Walter A. Hall, Jr., University of North Carolina, executive council member.

# Orientation of the Plane of Occlusion In Complete Removable Dentures

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*W. A. Hall, D.D.S., M.S.*

The statement that the words "Dentistry" and "Occlusion" are synonymous words has been used many times by a great number of learned dentists.

Dentists deal every day with two distinct types of occlusion in their everyday practice of dentistry. On one hand we have the presentation and problems of the occlusion of natural teeth and related reaction to their natural tissue support. The other type of occlusion manifests itself in all artificial removable denture cases that are tissue borne, namely the Complete Removable Denture.

In natural tooth occlusion we have the help and aid of nature's physiologic tissues with their ever changing and correcting ability to withstand altered relations and conditions. Artificial occlusion enjoys only unnatural support which seems to resent the denture's unwelcome pressure burden and reacts only in a pathologic change in size, shape, or composition when this tissue is taxed beyond its physiologic tolerance limit.

Accepting the premise that occlusion basically contributes to the success of dental oral func-

tion we may now be concerned with the occlusal interdigitation of teeth and the plane of orientation in which this articulation occurs. Henceforth, we shall be concerned with the orientation of the plane of occlusion of artificial teeth; those supported by unnatural support.

## LAWS OF BALANCED ARTICULATION

As far back as 1926 nine factors governing establishment of balanced occlusion were presented and published in the A.D.A. Journal. The five most important have been singled out as:

1. The inclination of the horizontal condylar guidance.
2. The prominence of the compensating curve.
3. The inclination (orientation) of the plane of occlusion.
4. The inclination of the incisal guidance.
5. The height of the tooth cusps.

With these basic laws in mind the importance of the plane of occlusion can be realized. Any change in this plane's orientation

affects and changes its relation to the other four factors and they in turn must thereby undergo alteration.

### FUNCTIONAL FACTORS INFLUENCING OCCLUSAL PLANE ORIENTATION

Many factors or functions may be influenced by the orientation of the plane of occlusion. Articulation being only one of the many functions governed by its placement.

Those more important related factors may be influenced by:

1. Tongue position relation to lower occlusal plane.
2. Placement of labial lip support for aesthetics.
3. Phonetic position of lingual and incisal area for speech articulation.
4. Correct incisal plane for pleasing natural aesthetics.
5. Relative, occlusal to ridge-crest height of plane, to control denture tipping leverages.
6. Correct posterior occlusal table height for normal buccal-lingual exchange of food bolus.

All of these factors must influence the occlusal plane placement and all have a very direct bearing on denture success or failure irregardless of occlusion and articulation.

### OCCLUSION AND ARTICULATION

The term occlusion means the

coming together of the opposing teeth in any relation. This grossly refers to the more vertical component of the closing cycle.

Articulation refers to the interdigitation of cusps and fossae and so connotes the meaning of a more sliding contact with the possible lateral component of the closing cycle.

Together we think of a combination of both, that is, the coming together of the teeth with their proper cusps and fossae in a predetermined accepted arrangement following closure. A plane drawn through this arrangement is the Plane of Occlusion.

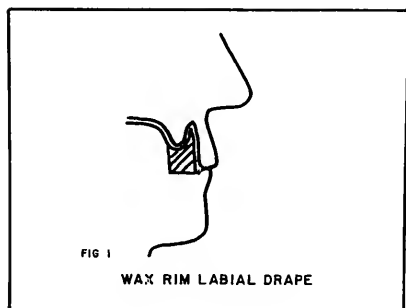
### CLINICAL FACTORS

When ascertaining and transferring the occlusal plane from patient to the articulator, the basic accepted method is to do so utilizing the maxillary arch. This ensues because the maxilla is a fixed arch of the skull from which fixed anatomic measurements and relations may be utilized.

The usual procedure is to use a well fitting baseplate to which is fitted a wax relationship rim. This rim in turn is oriented in its occlusal aspect to certain landmarks.

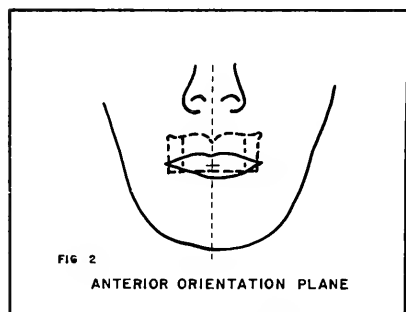
We might here note that the proper aesthetic and functional support of the upper lip is governed by the labial slope of the

maxillary wax rim as in figure 1.



With this in mind it is important that the labial slope and contours be completed first for proper lip slope before the anterior point of plane orientation is achieved.

With proper labial contour, the height of the plane anteriorly is marked as a short horizontal line at right angles to the mid-line mark on the front and center (labial) of the maxillary wax rim shown by figure 2.



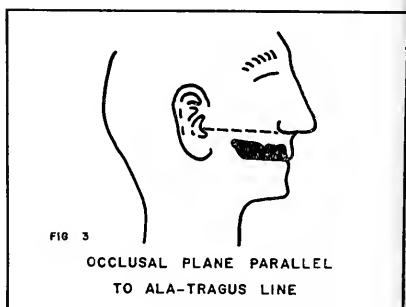
This line in the majority of cases will fall on a horizontal line continuous with the edge of the upper lip in repose.

In cases of short, thick, and

active lips, the plane marking may fall 1 to 2mm below the height of the maxillary rima oris. Never to exceed the 2mm except in extreme cases.

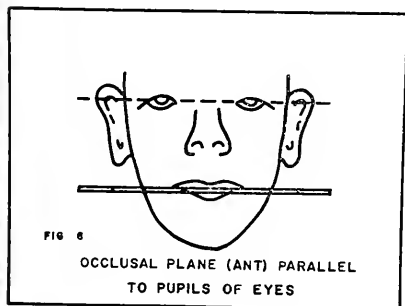
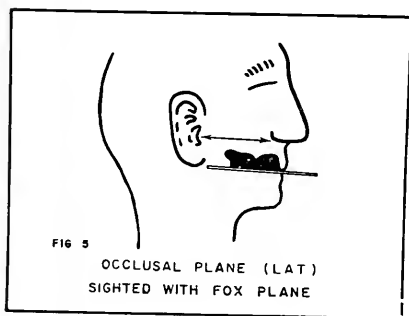
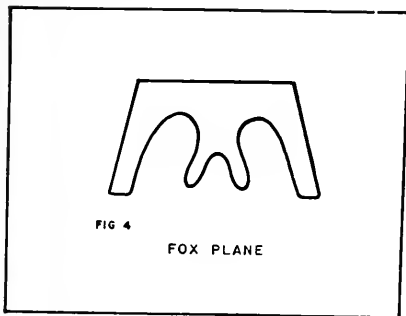
Those cases of long, thin, and inactive lips may place the incisal height line 1 to 2mm. above the maxillary rima oris in repose.

The two posterior orientation points, one right and one left, now fall tentatively on a line parallel with an imaginary line from the ala of the nose to the tragus of the ear illustrated by figure 3.



This means that posteriorly, and parallel to the ala-tragus line, the plane of occlusion is oriented from the anterior point. From an anterior-posterior view the plane should be approximately parallel with the pupils of the patient's eye.

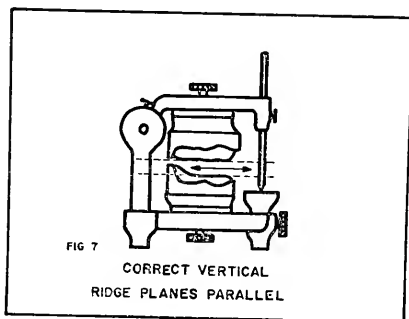
A "Fox Plane" is very useful in gauging and ascertaining this plane orientation; illustration 4, 5 and 6.



way space and an initial centric in wax is transferred to the articulator.

After mounting the lower cast the relationship bases are removed and relative parallelism of the opposing ridges is noted.

A very useful check on vertical dimension is hereby utilized. When near correct vertical dimension exists between the two ridges, their ridge crests will be parallel one to the other as seen in figure 7.



This is important in regards to the physical principles to follow.

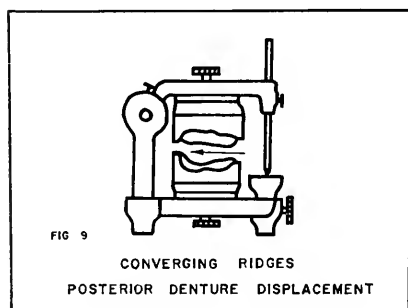
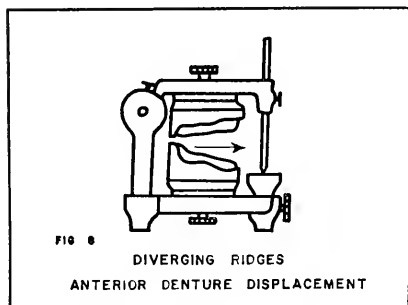
### PHYSICAL FACTORS

Assuming near parallelism of alveolar ridges we now must orient our occlusal plane to related physical factors.

The maxillary cast is then transferred by face bow transfer to the articulator and mounted.

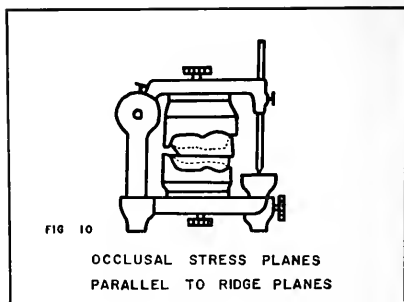
Following this, vertical dimension and tentative centric are gained by using a lower base tray with attached wax relationship rims. Vertical relation of the opposing arches is gained from rest position minus free-

opposing ridges will defeat this condition and result in an anterior or posterior skidding pressure on ridge tissues shown by figures 8 and 9.



This directional type of pressure can be tolerated the least. Immediate destruction in size with tissue breakdown will ensue.

By orienting our occlusal plane somewhere between the ridges, and parallel to them, we receive our maximum support from the oral tissues with one hundred per cent support pressures and no possible anterior-posterior shifting from vertical closing forces as illustrated in figure 10.

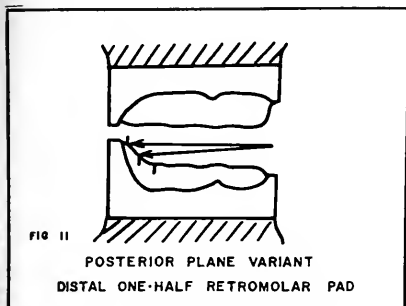


Our maxillary occlusal plans as transferred by the maxillary relationship wax rim may not fall parallel to the ridges when final registrations are mounted. When this occurs we may alter this orientation within accepted limits.

The anterior mid-line occlusal plane point cannot be altered due to aesthetic considerations and proper lip support so the two posterior points must be involved.

From anatomical studies of ridge-crest change due to resorption we find that the mandibular retramolar pad area maintains its initial position, respective of other alternative changes. Its anterior-posterior slope may increase but its position remains the same.

This now allows us to place the two posterior points somewhere within the posterior one-half of this pad area; not above the distal extent of the pad and not below the mesial one-half area as seen in figure 11.



plane is altered in wax to correspond with the correct occlusal maxillary plane with correct vertical dimension always being maintained.

### SUMMARY

By orienting the plane of occlusion from anatomical and physiological relationships for proper natural oral functions and then altering the posterior position we may arrive at a proper successful bio-mechanical plane to which the technician may position artificial teeth. Physiologic functions will be at their maximum and denture stability plus adequate retention enhanced.

By re-orientating the points within these limits, and from the fixed anterior point, the plane of occlusal orientation may usually be made parallel to both supporting ridge and opposing ridge planes. This being done and still keeping the anterior plane aspect approximately parallel to the patient's eyes.

From here the mandibular

## ADA NEWS LETTER

If you wish to receive the ADA News Letter, please mail your request and \$1.00 to:  
American Dental Association  
222 E. Superior Street  
Chicago 11, Ill.

# Scene o



*Above:—*Dr. Claude Adams addresses the Third District Society.



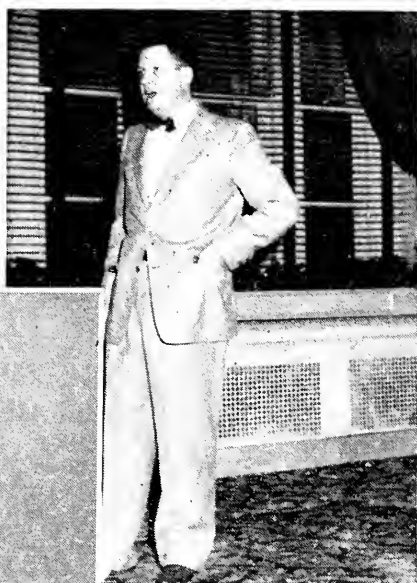
*Right:—*A popular table clinic at the Fifth District.

*Below:—*Dr. Z. L. Massey, president, speaks at the Fourth District meeting, seated is Dr. Walter Finch, secy.-treas.



*Above:—*Drs. Joe Bur and Herb Coy, essaying on First District program, get together Shorty Whisnant's Becue and Cat Fish supper.

# he Big Five



*Above:*—Dr. Jack Shankle lectures to Fourth District.



*Left:*—Mrs. T. E. Sikes and Mrs. Henry Carr, presidents of the N. C. and Third District Auxiliaries, respectively, are shown with their husbands at Sedgfield



*Below:*—Dr. H. L. Hinson's table clinic is popular at the Fifth District meeting.

*Left:*—Dr. W. W. De-  
t, essayist on the  
orth and Fifth Dis-  
c programs is sur-  
id by roving photo-  
her.



# Scene of the Familia an



*Above:*—Dr. O. C. Barker and new members of the First District.



*Right:*—Officers of the First District. Roberts, Plaster, Whisnant, and Diercks.

*Below:*—Drs. Branch, Fleming, Edwards, and Jones at Goldsboro.



*Above:*—Sitting out Drs. Kirk and Sowers of Second District.

# Faces Places



*Above:*—Riley Spoon presents John Pharr with registration card. Others shown are Bill Yelton and Harold Thompson.

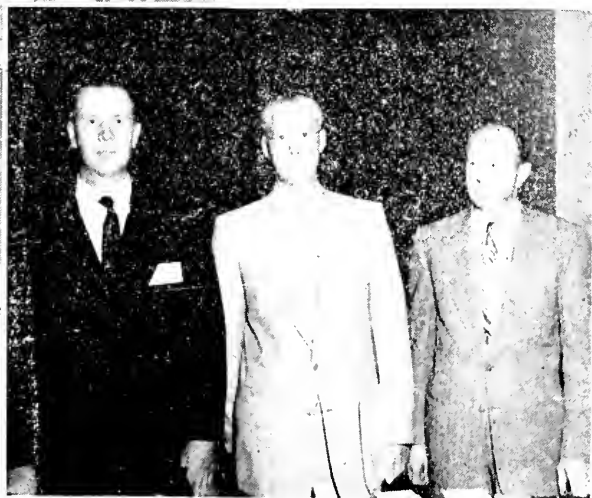


*Left:*—Claude Adams, third from left, chats with members of the Third District.



*Below:*—Officers of the Second District are: left to right, Drs. Motley, Blair, and Thompson.

*Below:*—Dr. Blair opens the Second District meeting.



# Benefits and Obligations of Organized Dentistry

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*Z. L. Edwards, D.D.S., Washington*

It is very gratifying and encouraging to the members of the North Carolina Dental Society to note the interest shown by so many of our young practitioners in becoming members of their professional organization at the beginning of their careers. It is a healthy sign which gives promise to the future of our organization. These young men come to us well-trained, well-equipped, and ambitious to take their rightful places alongside of us in performing their mission in the field of health service, as well as living up to their professional obligations to their communities, to their patients, and to their fellow dentists.

In extending a most cordial welcome and hearty congratulations to you new members it is hoped that in accepting the honor of membership you will likewise realize and accept the duties, responsibilities and obligations assumed at the time of your election. When your district societies accepted you as members you automatically became members of the North Carolina Dental Society and the American Dental Association

with all its rights and privileges. This was your first step in what is generally referred to as Organized Dentistry. At this point it should be emphasized that being a member of what we term "Organized Dentistry" does not mean that the dentists of this state or nation are organized to help each other make more money. In contradistinction to some organized groups Organized Dentistry sponsors, proposes, nor supports any plan or policy designed for the selfish economic benefits for its members. First, last and always Organized Dentistry seeks to promote the art and science of dentistry. It seeks to protect the general public against the unethical and the unscrupulous, and at the same time emphasizes the desirability and the importance of the ideal of service and community responsibility. At its meetings your organization provides a program of lectures and clinics designed to better prepare you for the practice of your profession, if you are seeking knowledge and desire to become more efficient.

Now, in view of these many

benefits, is it not timely and logical for you to ask yourselves the question: In return what do I owe my Society? The logical answer to this question is loyalty in the sense that you will resolve now that you will attend all meetings humanly possible; that you will respond to the call of duty wherever and whenever made; that you will answer correspondence promptly when the request for information or services is sent you. Last, but not less important, familiarize yourself with every paragraph of the code of ethics of the North Carolina Dental Society. This is a guide for your professional conduct with respect to your relations with your

patients as well as your relations with your fellow dentists. In legal parlance it is said that "Ignorance of the law excuses no one." Such a principle is equally applicable to violations of our code of ethics. Therefore, you owe it to yourself and to your profession to live and practice in keeping with those high ideals that have made your life's work worthy to be called a profession.

Now, having reminded you of just a few of the many benefits derived from being a member of Organized Dentistry, and having called your attention to some of your duties and obligations, it is hoped that it is just the beginning of a long, useful and happy association together.

## Our New Members

*Walter Logan Armstrong, Jr.*

Dr. Armstrong was born in Gaston County, attended Belmont High School and Lenoir-Rhyne, and is a graduate of Emory. He is married, and practicing in Cherryville.

*Stanly M. Boyd*

Dr. Boyd is a native of Virginia and attended the Blue

Ridge High School, Ararat, Va., and Guilford College. He received his dental degree from the Medical College of Virginia. Married and has three children. Now practicing in Sparta.

*Bert M. Brannan*

Dr. Brannan was born in Smithfield and attended high school there. He is a graduate

of UNC and the Univ. of Pennsylvania Dental School. He is married and he and Mrs. Brannan expect their first child in December. Located in Greensboro.

*Dale Hamilton Butcher*

Dr. Butcher is a native of Marion, Ohio. He attended Harding High in Marion, Drexel Institute of Technology, Emory-at-Oxford, and received his D.D.S. at Emory University. He is married and is practicing at Guilford College.

*Thomas R. Collins*

Dr. Collins attended Holly Springs High, Wake Forest, and received his D.D.S. from Marquette University. He is single and is practicing in Winston-Salem.

*Calvin B. Corey*

Dr. Corey attended Aulander High and the University of North Carolina. He earned his D.D.S. at Emory. He is single and is practicing in Greensboro.

*Vance L. Crouse*

Dr. Crouse is a native of Henderson, Tenn. He attended Chester County High, Freed-Hardeman, Southwestern, and Memphis State College. D.D.S., University of Tennessee. He is

married, one child, and is practicing in Charlotte.

*H. V. Davenport*

Dr. Davenport was born in Lenoir County, attended Kinston High, Wake Forest, and the Universities of Maryland and Pennsylvania. He is married and is now practicing in Hickory.

*John H. Dearman*

Dr. Dearman attended Harmony High, the University of North Carolina and is a graduate of the University of Maryland. He is married, two children and is located in Statesville.

*Carl Wesley Dickens*

Dr. Dickens attended Castalia High, Wake Forest, and received his D.D.S. from the University of Maryland. He is single and is practicing in Chapel Hill.

*William M. Ditto*

Dr. Ditto is a graduate of Charlotte's Central High, attended Duke and William and Mary. He earned his D.D.S. from the Medical College of Virginia and his M.S. in orthodontics at the University of Michigan. He is married and has two children. His practice, limited to orthodontics, is located in Greensboro.

*Ira P. Efird, Jr.*

Dr. Efird attended Oakboro High, Lenoir-Rhyne, and earned his D.D.S. at the Medical College of Virginia. He is married, has two children, and is now practicing in Greensboro.

*Marcellus Monroe Forbes, Jr.*

Dr. Forbes is a native of Georgia, attended Boy's High in Atlanta, Georgia Tech., and Emory University. He is married and has one child. Located in Lenoir.

*Oswald J. Freund*

Dr. Freund was born in Iowa, attended St. John's Prep. in Minnesota and Emory University undergraduate school. Received his D.D.S. from Emory. He is married, one child, and is located in Statesville.

*William F. Grimes*

Dr. Grimes attended Hope Mills High, Wake Forest and Emory University. He is married and is associated in practice with Dr. L. H. Paschal in Fayetteville.

*Thomas H. Harris*

Dr. Harris was born in Siler City, attended Bonlee High, Louisburg College and the University of Maryland. He is

single and is associated with the Wake County Health Department.

*John Kent Holladay*

Dr. Holladay attended Charlotte's Central High, Clemson College, the University of South Carolina, and Marquette Dental School. He is married, two children, and is practicing in Charlotte.

*Frank W. Hoyle*

Dr. Hoyle is a native of Asheville and attended the public schools there. Attended Mars Hill and Loyola University, New Orleans, La. He is married, two children and is practicing in Asheville.

*Charles A. Jarrett*

Dr. Jarrett is a native of Charlotte. Attended McCallie's, Davidson and Emory. He is married and located in Charlotte.

*B. Ed. Kanoy*

Dr. Kanoy is a native of Biscoe and attended the city schools there. He is a graduate of Wake Forest and the Medical College of Virginia. He is married and has one son. Now located in Durham.

*Ralph E. Kilpatrick*

Dr. Kilpatrick is a native of Iowa and received his early education there. He attended Geneva College and Northwestern University Dental School. He is married, one child and practices in Asheboro.

*Warren H. Kitts*

Dr. Kitts attended Knoxville High, the University of Tennessee and Wake Forest, and received his dental degree at the University of Tennessee. He is single and is associated with Dr. Bell at the State Hospital, Raleigh.

*Irving Ward Mohr*

Dr. Mohr is a native of Florida, attended Fork Union Military Academy, New York University, and Columbia University Dental School. He is married and expects to practice in Durham.

*Robert Raymond Morrison, Jr.*

Dr. Morrison attended Hugh Morson High in Raleigh, UNC and the University of Maryland Dental School. He is single and is practicing in Raleigh.

*William F. McBrayer*

Dr. McBrayer attended Ruth-

erfordton's Central High, Wake Forest and the University of Maryland. He is single and is located in Rutherfordton.

*Glenn W. McCall*

Dr. McCall attended Cool Springs High and Berea College. He earned his D.D.S. at Emory, is married and practices in Tryon.

*W. H. McDowell*

Dr. McDowell is a native of Winchester, Tennessee, a graduate of the University of Tennessee Dental School and practices in Hickory. He is single.

*Wilbur G. McFarland, Jr.*

Dr. McFarland graduated from Salisbury's Boyden High, UNC, and the University of Maryland Dental School. He interned in Oral Surgery at Duke. He is single but expects to be married soon. Practices in Burlington.

*John E. Payne*

Dr. Payne attended Clayton High, Duke and Wake Forest, and received his dental degree from Emory. He is married and practices in Oxford.

*John E. Penny*

Dr. Penny was born in Waynesville attended Port Chester, N. Y. high school, New

York University, the University of North Carolina and Emory. He is married and has four children. Located at Waynesville.

*Robert K. Ransom*

Dr. Ransom is a native of Jasonville, Indiana. He attended Indiana University and Louisville University where he received his D.M.D. He is married and practices in Bryson City.

*Roy R. Sappington, Jr.*

Dr. Sappington attended the city schools of Fayetteville, Presbyterian Junior College, The Citadel, and received his D.D.S. from the University of Maryland. He is married and is associated in practice with Dr. W. G. Nimocks of Fayetteville.

*Frederick Clyde Shaw*

Dr. Shaw attended Harmony public schools, Catawba College and the Medical College of Virginia. He is married and practices in Lenoir.

*J. Oliver Thorpe*

Dr. Thorpe, a native of Charlotte, attended Oak Ridge Military Institute, Belmont Abbey preparatory school and college. He received his dental degree from Georgetown University. Married — two children. Dr. Thorpe is Dental Health Officer for Mecklenburg County.

*R. Harold Turlington*

Dr. Turlington attended Clinton High, Randolph-Macon Academy, UNC, Wake Forest and received his dental degree from Emory. He is married and has a daughter. Associated in practice with his father Dr. R. A. Turlington of Clinton.

*Thomas Austin Whicker*

Dr. Whicker is a native of North Wilkesboro and attended the public schools there, later going to Wake Forest College. He received his D.D.S. at Emory and is located now in Thomasville. Dr. Whicker is married and has one child.

## Dr. Amos Bumgardner Will Head Dental Foundation

---

Dr. Amos S. Bumgardner was elected president of the North Carolina Dental Foundation, Inc. at a meeting in Chapel Hill, November 14, succeeding Dr. Paul E. Jones who asked not to be nominated.

Dr. Jones, who had served as president of the three-year-old foundation for two years, was given a rising vote of thanks by the membership.

Dr. Cecil A. Pless, Asheville, was elected to the vice-presidency succeeding Dr. A. C. Current, Gastonia, and Dr. John C. Brauer, dean of the University of North Carolina School of Dentistry was re-elected secretary-treasurer.

All members of the executive committee were re-elected. The members are: Drs. Jones, Current, Bumgardner, Pless, Brauer, Z. L. Edwards, R. Fred Hunt, Paul Fitzgerald, Claude Parks, Wilbert Jackson, C. W. Sanders, W. M. Matheson, R. M. Olive, and C. C. Poindexter.

Dr. Bumgardner, Dr. Clyde Minges, and Dr. John A. McClung were re-elected members of the investment committee.

Dean Brauer, in his report as secretary-treasurer, stated that

pledges were being paid on schedule, and that the original goal of \$100,000 was being realized. Several wills have been directed to the foundation, he said. He also reported that the foundation had made a contribution to the Department of Biochemistry and Nutrition this past year to further the research now underway on questions relating to fluoridation.

Some 800 dentists and lay leaders have made contributions to the foundation, he reported.

President Gordon Gray extended the University's welcome to the visitors.

Dr. Henry T. Clark, Jr., administrator of the Division of Health Affairs, brought greetings from that division and from Chancellor Robert B. House who was attending another meeting.

Reports on progress of dental research were made by Dr. Michael K. Berkut of the Medical School on fluoridation; Dr. Clifford M. Sturdevant of the School of Dentistry on dental materials; Dr. L. B. Higley on orthodontia; and Dr. Grover C. Hunter on oral pathology.

## District Officers Conference Organized

---

A progressive step designed to promote a more efficient pattern of organized dentistry in North Carolina was realized by establishing a District Officers Conference. This move, a result of the foresight of President Neal Sheffield, who directed the program, reached its climax when approximately twenty-five officers representing the five district societies met in Greensboro, November 22.

Dr. Wade Breeland was elected president of this new organization and it was unanimously agreed by the group that in the future the vice-president of the North Carolina Dental Society would serve as its president.

Dr. Clinton Diercks of the first district was elected secretary. It was the opinion of the group that the secretary of the District Officers Conference and the secretary-treasurer of the state society should be from the same district in order to coordinate the activities of the state and district societies. This plan was adopted.

Dr. Bernard Walker, president-elect of the North Carolina Dental Society, stated that many inconsistencies and inaccuracies result from the various bookkeeping systems employed by

the five district societies, and recommended that a uniform pattern be adopted by the state and district societies. One of the most popular plans advanced was the card system. Dr. Frank Atwater of Greensboro was asked to secure professional advice on this and other bookkeeping methods and report his findings at a later meeting.

Dr. Ralph Coffey asked each district secretary-treasurer to provide him with a list of all delinquent members prior to the state meeting.

Dr. Wade Breeland, vice-president of the North Carolina Dental Society, stated that a concentrated effort would be made to invite and urge every eligible dentist in North Carolina to join organized dentistry. He expressed the hope that this goal of 100% membership would be reached by the time of the Centennial Meeting.

Other speakers on the morning program were Drs. Neal Sheffield, president, and Marvin Evans, editor of the state society.

Mr. J. L. Crumpton and Mr. J. E. Rose discussed the Health and Accident, and Liability Insurance Programs when the meeting was resumed after lunch.

## Accredited Laboratory Owners Meet in Raleigh

---

The North Carolina Dental Laboratory Association held its sixth annual Educational Meeting at the Hotel Sir Walter in Raleigh, October 31-November 1. Association President D. M. Deese of Charlotte presided over the two day session which was attended by 38 accredited laboratory owners.

Highlights of the session included clinics on new laboratory techniques, materials, and equipment, and a banquet session with Paul A. Slone of Washington, D. C., executive secretary of the National Association of Dental Laboratories, and John C. Brauer, dean of the School of Dentistry at the University of North Carolina, as guest speakers.

"The program of the N. C. Dental Laboratory Association, which accepts as members only those laboratories accredited by the state dental society's Prosthetic Dental Service Committee, has attracted nation-wide attention in the laboratory field. North Carolina and California

lead all other states in laboratory association progress and service," said Slone.

Dr. Brauer too praised the laboratory association's program of accreditation and said, "Unfortunately for the general public, there are some 'cut-rate' non-accredited laboratories that have as a primary objective the selling of a service without benefit of a health and aesthetic consideration. In too many instances dentures fabricated in such circumstances prove aesthetically and functionally unsatisfactory."

Dr. Brauer told of plans for short courses for experienced dental laboratory technicians at the University's School of Dentistry which will further improve the high caliber of dental service now received by North Carolinians.

Dr. C. C. Poindexter of Greensboro was heartily applauded by the laboratory men for his splendid leadership and guidance with the accreditation program.



A bronze plaque in memory of the late Dr. J. S. Spurgeon of Hillsboro, one of the state's best known dentists, was presented to the University of North Carolina School of Dentistry at ceremonies in Chapel Hill, October 27.

Presented by the family and friends of Dr. Spurgeon, the plaque has been placed in the student lounge of the school.

Henry Lineberger, Jr. of Raleigh, president of the dental student organization, the Spurgeon Society, made the presentation, and the plaque was accepted on behalf of the school by Dean John C. Brauer.

Lloyd Stanley of Carolina Beach, first president of the Spurgeon Society, presided. In addition to Mrs. Spurgeon, a number of relatives and friends were on hand for the presentation attended by the student body.

The plaque reads: "John Sanford Spurgeon, 1863-1950, Hillsboro, North Carolina. Pioneer, author and leader in dentistry. Dedicated to the service of others."

# News Items

Dr. Bernard N. Walker was elected president of the State Society Officers at the ADA meeting in Cleveland.

Dr. L. Franklin Bumgardner was re-elected secretary-treasurer of the American Association of Dental Editors.

Dr. L. G. Coble of Greensboro was received as a member of the F.I.C.D. at the annual meeting in Cleveland.

Dr. C. M. Sturdevant was guest lecturer at the U. S. Naval School in Bethesda, Maryland, November 13.

Dr. Marvin E. Chapin was again appointed on the Council of Federal Dental Service for the ADA. He also served as an examiner of candidates for the American Society of Oral Surgeons at their annual meeting in Houston, Texas.

The members of the N. C. Dental Auxiliary's executive board and committees met for lunch at the home of Mrs. T. E. Sikes, president, in Greensboro recently. Tentative plans for the annual meeting and the various projects of the auxiliary were discussed.

The Dr. Nye W. Goodman award and a check of \$50.00 were among the honors given the North Carolina Dental Assistants Association at their na-

tional meeting in Cleveland. The Goodman award was presented for showing an 80 per cent increase in membership; and the check for the largest percentage increase in Class II associations.

The Charlotte Dental Assistants Society won a first prize of \$10.00 for having the best educational programs for the year 1952-53.

## Announcements

The North Carolina Dental Society will hold its Ninety-Eighth Anniversary Meeting at Pinehurst, N. C. May 16-19, 1954. Dr. Ralph Coffey, Morganton, N. C.

The Southern Academy of Periodontology, March 28-30, 1954. New Hotel Monteleone, New Orleans, La. Dr. Ernest L. Banks, Candler Building, Atlanta, Ga.

District of Columbia Dental Society. Twenty-Second Annual Postgraduate Clinic, March 14-17, 1954. Shoreham Hotel, Edward H. Steinberg, Executive Secretary, 1835 Eye St., N. W., Washington, D. C.

The Thomas P. Hinman Mid-Winter Clinic, March 21-24, 1954. Dr. Sam G. Cole, 384 Peachtree St., N. E., Atlanta, Ga.

*The*

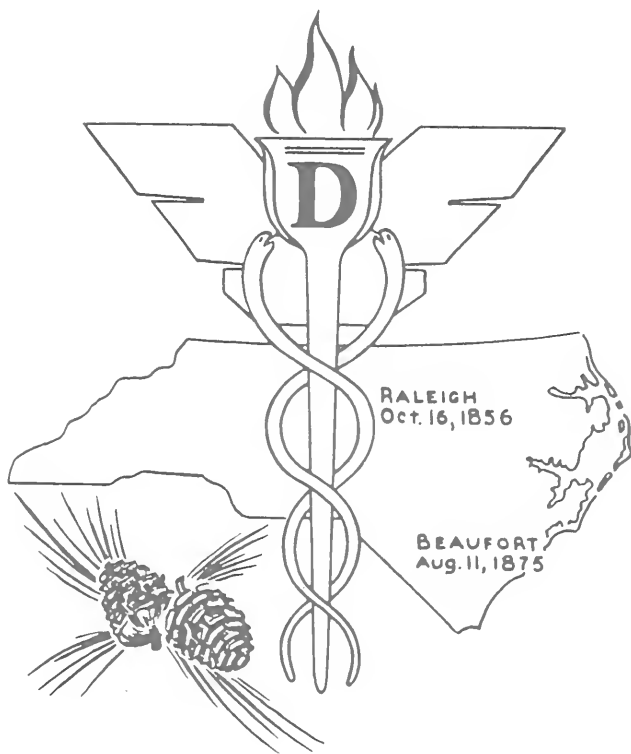
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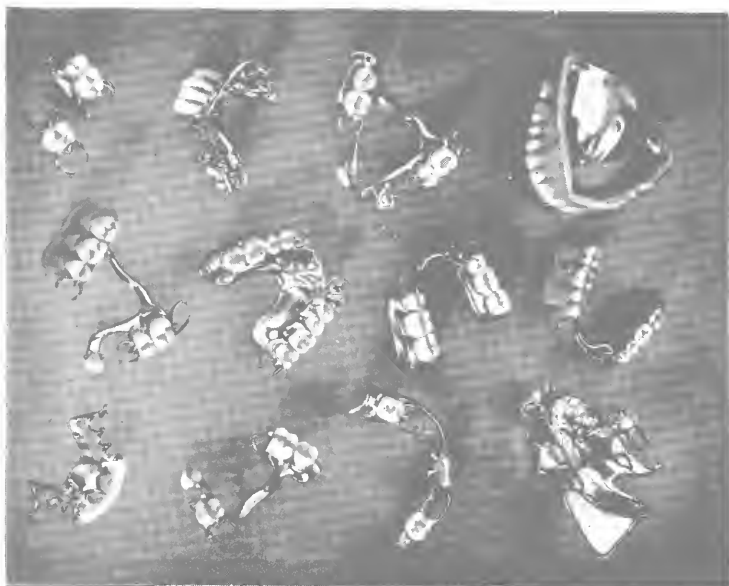
NORTH CAROLINA DENTAL SOCIETY



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We have constantly grown over these thirty years, by your continued support, to become one of the leading recognized dental laboratories of the U. S. This past year we achieved our goal of moving into one of the most modern, well equipped dental laboratories second to none in the country. We now occupy some 4200 square feet of floor space. We are large enough to serve you well—yet small enough to serve you personally.

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330 Church Street

GREENSBORO, NORTH CAROLINA

# THE JOURNAL

## of

### The North Carolina Dental Society

(Component of the American Dental Association)

**VOLUME 37**

**APRIL, 1954**

**NUMBER 3**

Officers  
1953-54

Neal Sheffield,  
President  
Greensboro

Bernard N. Walker,  
President-Elect  
Charlotte

W. F. Breeland,  
Vice-President  
Belmont

Ralph Coffey  
Secretary-Treasurer  
Morganton

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Marvin R. Evans, Editor  
Chapel Hill

The closing dates for the Journal are, February 10, July 10, and November 10.  
Published four times a year—January, April, August and September. Entered as Second  
Class Matter, August, 1951, Chapel Hill, N. C. Subscription \$2.00.

# The Program at a Glance

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## SUNDAY, MAY 16, 1954

### Noon

Golf Tournament

### Afternoon

1:00 Registration

### Evening

8:00 General Session

9:30 House of Delegates

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## MONDAY, MAY 17, 1954

### Morning

9:00 General Session

11:30 Dr. L. D. Pankey

### Afternoon

2:00 Dr. V. R. Trapozzano

3:30 Dr. P. E. Williams

### Evening

8:00 Election of Officers

9:00 House of Delegates

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## TUESDAY, MAY 18, 1954

### Morning

8:00 Breakfast Conferences

9:00 Dr. K. V. Randolph

10:00 Dr. P. E. Williams

11:00 Dr. L. D. Pankey

### Afternoon

2:00 Table Clinics

5:30 Drawing for Exhibit Prizes

### Evening

7:00 Banquet

9:00 Dance

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## WEDNESDAY MORNING, MAY 19, 1954

9:00 Dr. R. E. Sturdevant

10:00 House of Delegates

General Session

Installation of Officers

Adjournment

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# GENERAL INFORMATION

NEAL SHEFFIELD, D.D.S., *President*

## Registration

The registration desk will be in the foyer of the Carolina Hotel. It will open Sunday afternoon May 16, at one o'clock.

If your dues are paid before the meeting it will greatly facilitate registering at that time. Register as early as possible as it will save time during the peak hour of registration on the following days. It is hoped that a system may be worked out before this meeting whereby the identification cards can be typed before the meeting of all those who have paid their dues which will prevent waiting in long lines.

All guests and exhibitors are expected to register promptly at the registration desk.

## Golf

The golf tournament will begin Sunday, May 16, promptly at twelve o'clock noon.

The Golf Committee under the direction of Dr. Norman Ross, Chairman, is arranging a very interesting tournament and no effort is being spared in making this year's tournament a most interesting event. The Golf Committee urges every dentist and visitor who plays golf to take part in this activity which has been planned for your pleasure. There will be someone at the club at twelve o'clock noon to register the golfers and take their scores. Generous prizes have been donated for the winners by the dental laboratories and supply houses. The Calloway System will be used in determining your handicap.

## General Sessions

All general sessions will be held in the main ball room of the Carolina Hotel. You will please note that we have a full program scheduled. Our Program Committee has secured some of the best essayists in the dental field which will be of great importance to every member. All sessions will begin promptly on the hour specified in the program and your cooperation will greatly assist in maintaining our schedule.

## Banquet and Dance

Tickets for the banquet will be furnished by the Carolina Hotel to their guests, and those who are not registered at the hotel may secure tickets at the desk. Dr. Robert Lee Humber of Greenville, North Carolina will be the featured speaker at the banquet. A forty voice chorus composed of dental students from the School of Dentistry, University of North Carolina, directed by Dr. Roger Sturdevant will furnish the musical part of the program.

A most cordial welcome is extended to the members and guests to attend the annual banquet and dance Tuesday evening. The Entertainment Committee assures us that a most enjoyable evening of music for dancing will be offered. Dress for the dance will be optional.

## Commercial Exhibits

Dr. Wells reports that the Commercial Exhibitors will display the newest dental equipment and supplies. You are urged to visit and register with them.

A number of suitable prizes will be given to the lucky winners at a drawing Tuesday afternoon at 5:30, at the south porch. Only members are eligible and you must be present to win.

### **Breakfast Conferences**

**Past Presidents:** All Past Presidents attending the meeting are especially invited and urged to meet for breakfast Tuesday morning at eight in the Crystal Room. Dr. A. C. Current will preside.

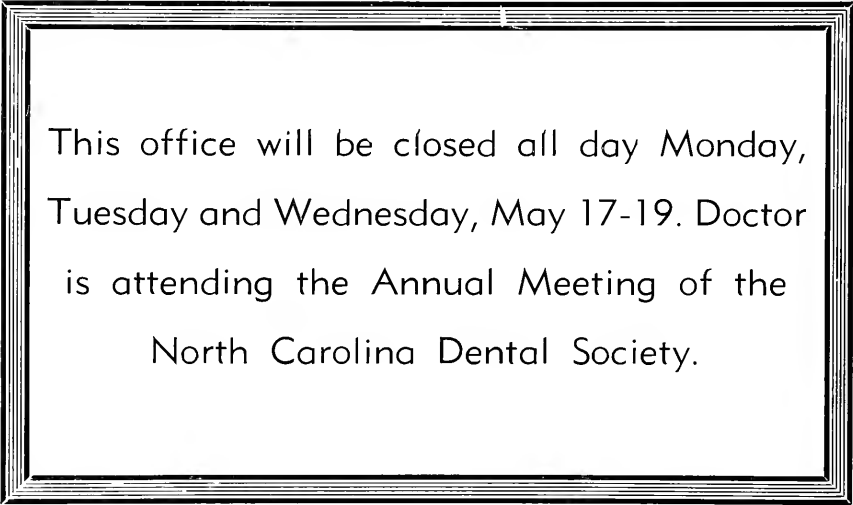
**New Members:** All members who have joined the society during the past year are especially urged to be present at breakfast in the private dining room at eight o'clock Tuesday morning. The main purpose of this conference is to have the opportunity to welcome the new men into the fellowship of the society. Dr. Wade H. Breeland will preside.

### **Election of Officers**

All visitors and guests are welcome to attend the general sessions, however, at the session for the election of officers on Monday evening at 8:00 o'clock it is requested that only members eligible to vote be present. This request is made because of the crowded condition and the confusion in the manipulation of the election machinery.

### **NOTICE FOR MEMBERS**

Use the form below on your office door to advise your patients that your office will be closed during the 1954 Meeting.



This office will be closed all day Monday,  
Tuesday and Wednesday, May 17-19. Doctor  
is attending the Annual Meeting of the  
North Carolina Dental Society.

# Officers 1953-1954



DR. NEAL SHEFFIELD  
*President*



DR. B. N. WALKER  
*President-Elect*



DR. RALPH COFFEY  
*Secretary-Treasurer*



DR. WADE BREELAND  
*Vice-President*

# House of Delegates

## Officers

DR. NEAL SHEFFIELD.....	<i>President</i>
DR. BERNARD N. WALKER.....	<i>President-Elect</i>
DR. WADE H. BREELAND.....	<i>Vice-President</i>
DR. RALPH COFFEY.....	<i>Secretary-Treasurer</i>

### Executive Committee

C. C. Poindexter  
I. R. Self  
Paul Fitzgerald, Sr.

### Ethics Committee

Royster Chamblee  
A. W. Bottoms  
Clyde Minges  
J. A. McClung  
Paul Fitzgerald, Jr.

### State Board of Dental Examiners

Cleon W. Sanders  
Darden J. Eure

### First District

Pearce Roberts  
S. H. Isenhour  
Clinton Diercks  
Ralph Falls  
Moultrie Truluck

### Second District

Z. Vance Kendrick  
Riley E. Spoon  
C. R. Helsabeck  
John R. Pharr  
Joe V. Davis, Jr.

### Third District

George F. Kirkland, Jr.  
S. W. Shaffer  
W. T. Burns  
James Hinson  
M. L. Cherry

### Fourth District

S. B. Towler  
DeWitt Woodall  
Walter Finch  
J. E. Swindell  
Alex Pearson

### Fifth District

Coyte R. Minges  
M. M. Lilley  
Fred Hunt  
R. A. Daniel, Jr.  
Z. L. Edwards, Sr.

# PROGRAM

Carolina Hotel, Pinehurst, N. C.

Sunday, May 16, 1954

12:00 Noon Gold Tournament

1:00 P. M. Registration

8:00 P. M. General Session, Main Ballroom

Meditation Hour, The Reverend Mr. Charles V. Covell,  
Southern Pines

Necrology Report, W. L. McRea, D.D.S., Red Springs

Recognition:

Mrs. T. E. Sikes, Greensboro  
President, North Carolina Dental Auxiliary

Miss Lucille Williams, R.D.H., Gastonia  
President, N. C. Dental Hygienists' Association

Miss Edna Zedaker, Charlotte  
President, N. C. Dental Assistants Association

Announcements

9:30 P. M. Meeting of House of Delegates

## Monday, May 17, 1954

9:00 A. M. General Session

Invocation, J. S. Betts, D.D.S., Greensboro

President's Address

Introduction of Guests, J. W. Branham, D.D.S., Raleigh

"Hour of Decision." Harry Lyons, D.D.S., Richmond, Va.,  
Speaker, House of Delegates, American Dental Association

Report of Fifth District Trustee Howard B. Higgins, D.D.S.,  
Spartanburg, S. C.

11:30 A. M. "Practice Management." L. D. Pankey, D.D.S., Coral Gables,  
Fla.

Synopsis:

*There are many discriminating patients today looking for dentists who will give them the care they have been unable to obtain due to our tendency to get in a rut and render the same kind of service for everyone. At the other extreme there are many more who are not really interested in good dentistry as modern dentistry knows it.*

*The predominant number of dentists are conscientious and want to do the best they can for all patients. We must be prepared to produce—but production will never be better than distribution. How long would General Motors produce the Cadillac, if the Sales Department did not do the magnificent job it is doing in Public Relations? How many of our patients are getting "horse and buggy" dentistry but are entitled to better care?*

*The constant day to day demand on any dentist is a terrific physical and mental strain without the added burden of the headwork and footwork of salesmanship. The essayist will endeavor to make it easier by giving a patient classification and a case presentation that gives him the opportunity to obtain good dental care.*

1:00 P. M. Luncheon  
Veterans' Luncheon, Crystal Room

2:00 P. M. "Complete Denture Occlusion"  
Vincent R. Trapozzano, D.D.S., New Port Richey, Fla.  
Synopsis:

*Without proper occlusion complete dentures will be a failure. The general factors concerned with occlusion are: (1) Vertical dimension, (2) centric relation and centric occlusion, (3) setting of teeth, (4) processing changes, (5) correction of occlusal disharmony. These factors and their interrelationship will be considered from the standpoint of everyday practice in the general practitioner's office.*

3:30 P. M. "Every Day Oral Surgery"  
P. Earle Williams, D.D.S., Dallas Texas  
Synopsis:

*A discussion on avoiding pitfalls, errors and accidents in oral surgery; extraction movements, removal of root tips, impactions and the early removal of unerupted third molars on children.*

6:00 P. M. Dinner  
8:00 P. M. Election of Officers  
9:00 P. M. House of Delegates

## **Tuesday, May 18, 1954**

8:00 A. M. Past Presidents' Breakfast  
New Members' Breakfast  
9:00 A. M. "Failure in Amalgam Restorations"  
Kenneth V. Randolph, D.D.S., Baltimore, Md.  
Synopsis:

*The common faults that occur in amalgam restorations will be demonstrated. The discussion will embrace the important*

*phases of cavity preparation as well as the manipulation of the restorative material. A picture of faulty amalgams will be presented, followed by a consideration of those factors that may be responsible for such failures. Through this procedure the effects of various faulty technics upon the physical properties of a completed restoration will be shown. The different manipulation technics and their comparative values to the finished restoration will also be reviewed. The presentation will be accompanied by visual aids.*

10:00 A. M. "Every Day Oral Surgery"

P. Earle Williams, D.D.S., Dallas, Texas

Synopsis:

*A discussion for the ones doing general practice in oral pathology; cysts, neoplasms, and the management of fractures of the maxillary bones.*

11:00 A. M. "Investments for Dentists"

L. D. Pankey, D.D.S., Coral Gables, Fla.

Synopsis:

*This lecture will include two main subjects: "Static Investments" and "Dynamic Investments." The former will include a discussion of cash reserves, insurance and government or other bonds; the latter, real estate, securities and mutual funds. This lecture will answer such questions as: What is the minimum to save out of gross income? What about cash reserve? What kind of insurance is needed? Is insurance a good method of saving? How much should a dentist invest in his home? What about investing in a farm? What are the mutual funds and how do they fit in an investment program?*

1:00 P. M. Luncheon

2:00 P. M. Table Clinics

## Operative Dentistry

"Unusual Method of Constructing Full Cast Gold Crowns"

W. J. McDaniels, D.D.S., Rutherfordton

"Gold-Plastic Type Full Crown Completed in One Sitting"

J. E. Derby, D.D.S., Tryon

"Restoration of Non-Vital Anterior Teeth"

Z. L. Edwards, Jr., D.D.S., Washington

"Reversible Hydrocolloid For Indirect Inlays"

Clifford Sturdevant, D.D.S., C. L. Sockwell, D.D.S., Chapel Hill

## **Oral Surgery**

### **"Treatment of Trifacial Neuralgia"**

J. R. Edwards, Jr., D.D.S., Fuquay Springs

### **"Cancer of the Lip"**

Edward U. Austin, D.D.S., Charlotte

### **"Intra-Oral Appliances for Use in Oral Surgical Cases"**

T. Edgar Sikes, Jr., D.D.S., Greensboro

## **Prosthetics**

### **"Diagnosis and Treatment of Disturbed Temporomandibular Joint, Using Gothic Arch Tracer"**

Lucian G. Goble, D.D.S., Greensboro

### **"Simplified Procedure in Full Denture Construction"**

Hubert and Edwin Plaster, D.D.S., Shelby

### **"Prosthetic Occlusal Patterns"**

P. W. Vinton, D.D.S., T. A. Blum, D.D.S., Chapel Hill

## **Endodontia**

### **"Basic Principle in Endodontia"**

Luther T. Butler, D.D.S., Greensboro

## **Pedodontia**

### **"Space Maintenance for Primary and Mixed Dentition"**

Roy Lindahl, D.D.S., Chapel Hill

### **"Practical Space Maintenance"**

Freeman C. Slaughter, D.D.S., Kannapolis

## **Preventive Dentistry**

### **"Producing Caries Immunity Through Dental Endocrinology"**

Ross Pringle, D.D.S., Greensboro

## **X-Ray**

### **"Bite Wing X-rays Are Essential, at Least, to Good Dentistry"**

L. H. Short, D.D.S., Charlotte

### **"X-rays Without an X-ray Machine"**

J. W. Heinz, D.D.S., Charlotte

## Practice Management

### "Patient Education"

E. M. Funderburk, D.D.S., Charlotte

### "Practice Management"

Marvin Walker, D.D.S., Durham

### "Practice Building"

Bert Brannon, D.D.S., Greensboro

### "Some Views on Office Planning"

C. R. Biddux, D.D.S., W. S. Perry, D.D.S., H. P. Reeves, Jr., D.D.S.,  
Charlotte

### "Variety Clinics"

Students, School of Dentistry, University of North Carolina

## Dental Hygienists

### "Nutrition"

Maxine Bowman, R.D.H., Nancy Horton, R.D.H., Greensboro

## Dental Assistants

### "Value of a Study Course"

Louise Richardson, Charlotte

### "Miss Do—Miss Don't"

Lauelette Trammell, Dolores Kanipe, Ruth Ward

## Scientific Exhibits

### "Visual Education"

Division of Oral Hygiene, North Carolina State Board of Health

5:30 P. M. Drawing for Exhibit Prizes

7:00 P. M. Banquet

9:00 P. M. Dance

## Wednesday, May 19, 1954

9:00 A. M. "Practical Considerations of Basic Fundamentals Associated  
with Gold Casting Problems"

Roger E. Sturdevant, D.D.S., Chapel Hill

Synopsis:

*Technics for making gold castings will be discussed with  
emphasis being placed on those factors which could prove  
helpful to the general practitioner.*

10:00 A. M. Meeting of House of Delegates

General Session

Installation of Officers

Adjournment



**HARRY LYONS, D.D.S.**

Dr. Harry Lyons is Dean, School of Dentistry, Medical College of Virginia; Speaker, House of Delegates, American Dental Association; President, American Academy of Periodontology.

**Dr. Lyons**

**HOWARD B. HIGGINS, DD.S.,  
F.A.C.D.**

Dr. Higgins of Spartanburg, South Carolina, is the new Trustee for the Fifth District, American Dental Association.



**Dr. Higgins**

**LINDSEY DEWEY PANKEY,  
D.D.S., F.A.C.D., F.I.C.D.**

Dr. Pankey is a graduate of the University of Louisville. He has practiced in Coral Gables, Florida, since 1925. He has served on the Florida State Board of Dental Examiners and is a Past President of the American Association of Dental Examiners. He holds Fellowships in the American College of Dentists and in the International College of Dentists. He is a Consultant for the Veterans Hospital in Coral Gables, and has lectured extensively.



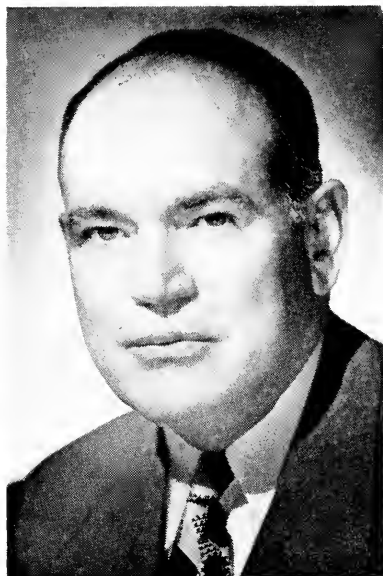
**Dr. Pankey**



**Dr. Trapozzano**

**VINCENT R. TRAPOZZANO, D.D.S.**

Graduate of Medical College of Virginia. Formerly Head of Prosthetic Department, New York University, 1944; Head of Prosthetic Department, University of Pennsylvania, School of Dentistry and Graduate School of Medicine until 1945. Director of Post Graduate Division, University of Pennsylvania. He is a Member of the Academy of Denture Prosthetics, American Denture Society, and of the American Board of Prosthodontics.



**Dr. Williams**

**PHILIP EARLE WILLIAMS, D.D.S.,  
B.S., M.S.**

Born in Texas, reared in Oklahoma, Dr. Williams earned his Bachelor of Science at S.E. State College; D.D.S. at Baylor, Dallas, Texas; Master of Science at Northwestern University. One year Residence in Oral Surgery at Cook County Hospital, Chicago, Illinois. Member of American Society of Oral Surgeons; Diplomate and Member of American Society of Oral Surgery; President of Dallas County Dental Society; Member of Baylor University Faculty; Chief of Dental Staff of Parkland Hospital.

**KENNETH V. RANDOLPH, D.D.S.,  
B.S.**

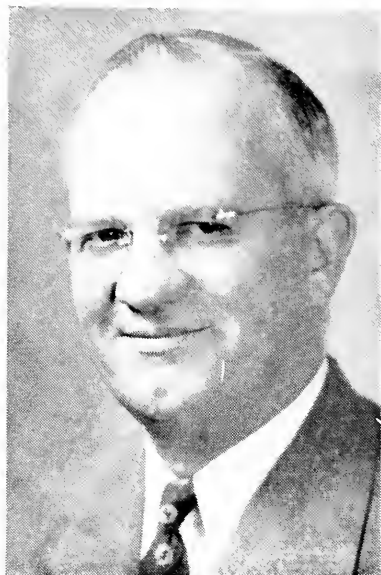
Dr. Randolph was graduated from the Baltimore College of Dental Surgery, University of Maryland in 1939, following graduation was awarded a Fellowship in the Department of Operative Dentistry, and joined the faculty as instructor in 1940. Now Professor and Head of the Department of Operative Dentistry. He is a member of Xi Psi Phi, Gorgas Odontological Society, Omicron Kappa Upsilon and Phi Delta Kappa. He has appeared on many state society programs.



**Dr. Randolph**

## ROGER E. STURDEVANT, D.D.S.

Dr. Sturdevant graduated from the University of Nebraska in 1916 and later became Professor of Operative Dentistry. In 1938 he was appointed Professor of Crown and Bridge Prosthesis at Emory University in Atlanta, Georgia, and later became Superintendent of Dental Clinics in addition to his other duties. He is at present serving as Head of the Operative Department and Superintendent of Dental Clinics at the School of Dentistry, University of North Carolina. He is a colorful lecturer, clinician, and a super technician.



## Dentistry for Children Organization Planned

The American Society of Dentistry for Children is an organization composed of men in organized dentistry. Its purpose is to promote more and better dentistry for children. There are now 32 state Units in this organization.

North Carolina does not have a state Unit. In order that we have such a unit, it is necessary that 20 charter members be present at the organizational meeting to be held at 2 P. M., **Tuesday, May 18th** at the North Carolina State Dental Society Meeting in Pinehurst.

Plan now to become a "Charter Member." The children of North Carolina need this organization and they need YOU in it.

For further information concerning this meeting or the American Society of Dentistry for Children, please contact W. W. Demeritt, School of Dentistry, Chapel Hill, North Carolina.

# North Carolina Dental Society

## Standing Committees

### EXECUTIVE COMMITTEE

C. C. Poindexter, *Chairman* (1956)

Paul Fitzgerald, Sr. (1954)

I. R. Self (1955)

### ETHICS COMMITTEE

John A. McClung, *Chairman* (1955)

A. W. Bottoms (1954)

Royster Chamblee (1957)

Clyde Minges (1956)

Paul Fitzgerald, Jr., (1958)

### LEGISLATIVE COMMITTEE

P. B. Whittington (1954)

Paul Jones (1956)

Royster Chamblee (1955)

Z. L. Edwards (1957)

John Pharr (1958)

### PROGRAM COMMITTEE

C. H. Teague, *Chairman*

Ralph Coffey, *Co-ordinator*

C. M. Parks

Walter Clark

Howard Branch

Coyte Minges

Frank Kirk

### CLINIC COMMITTEE

L. F. Bumgardner, *Chairman*

James Hinson

E. L. Eatman

Milo Hoffman

A. A. Lacky

H. E. Plaster

### MEMBERSHIP COMMITTEE

Bernard Walker, *Chairman*

Clinton Diercks

Harold Thompson

Maurice Newton

W. A. Finch

M. M. Lilley

### EXHIBITS COMMITTEE

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J. M. Kilpatrick

Glenn Lazenby, Jr.

R. W. Brannock

C. E. Abernethy

J. W. Menius, Jr.

### NECROLOGY COMMITTEE

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J. S. Betts, *Honorary Chairman*

S. R. Horton (1954)

Ralph Coffey (1957)

F. E. Gilliam (1956)

J. P. Reece (1958)

### LIBRARY AND HISTORY COMMITTEE

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J. Z. Moreland (1955)

Paul Fitzgerald, Jr. (1957)

B. McK. Johnson (1956)

M. R. Hunter (1958)

### INSURANCE COMMITTEE

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M. M. Lilley (1957)

P. P. Yates (1955)

Herman Houck (1954)

C. H. Teague (1956)

**PUBLICITY COMMITTEE**  
E. D. Baker, *Chairman* (1957)

C. D. Kistler (1954)	Howard Allen (1956)
Walter Clark (1955)	C. P. Godwin (1958)

**THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS**  
F. O. Alford, *Secretary* (1955)

E. M. Medlin (1956)	C.. W. Sanders (1954)
A. T. Jennette (1956)	W. M. Matheson (1954)
Darden Eure (1955)	

**CONSTITUTION AND BY-LAWS COMMITTEE**  
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Dan T. Carr (1954)	Cleon Sanders (1957)
Z. L. Edwards (1956)	A. P. Cline (1958)

**PROSTHETIC DENTAL SERVICE COMMITTEE**  
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J. T. Lasley (1954)	F. O. Alford (1956)
Coyte Minges (1955)	Walter McRae (1958)

**COUNCIL ON DENTAL HEALTH**  
E. A. Branch, *Chairman* (1958)

C. S. Caldwell (1954)	R. L. Whitehurst (1956)
E. W. Connell (1955)	Sam Bobbitt (1957)

**STATE INSTITUTIONS COMMITTEE**  
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**RELIEF COMMITTEE**  
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Wilbert Jackson (1955)	J. T. Lasley (1958)

**ADVISORY COMMITTEE FOR  
VETERANS ADMINISTRATION PROGRAM**  
P. B. Whittington, Jr., *Chairman* (1958)

Wilbert Jackson (1954)	Walter Clark (1956)
C. A. Graham, Sr. (1955)	Riley Spoon (1957)

**SPECIAL COMMITTEES**

**ADVISORY COMMITTEE NORTH CAROLINA MEDICAL CARE &  
GOOD HEALTH ASSOCIATION**

S. H. Isenhour, *Chairman*

Z. L. Edwards, Jr.	Marcus R. Smith
W. L. Saunders	E. R. Motley
I. R. Self, Jr.	

**RESOLUTIONS COMMITTEE**  
D. L. Pridgen, *Chairman*

S. E. Moser	C. M. Parks
Dick Erwin	Clyde Minges
Claude Adams	G. E. Waynick

**DENTAL ADVISORY COMMITTEE TO THE  
UNIVERSITY OF NORTH CAROLINA**

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Walter Clark (1954)  
Fred Self (1955)  
C. A. Pless (1956)

**Second District**

F. O. Alford (1954)  
John Pharr (1955)  
Wade Sowers (1956)

**Third District**

Claude Adams (1954)  
L. G. Coble (1955)  
S. W. Shaffer (1956)

**Fourth District**

Wilbert Jackson (1954)  
L. M. Massey (1955)  
D. L. Pridgen (1956)

**Fifth District**

Clyde Minges (1954)  
Paul Jones (1955)  
Paul Fitzgerald, Sr. (1956)

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David Abernethy  
H. A. Karesh

J. P. Bingham, Jr.  
V. E. Bell

W. T. Ralph

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Marvin Evans, *Chairman*

A. T. Lockwood  
W. T. Burns

H. P. Reeves  
Worth Byrd

Frank Harris

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Olin Owen

O. R. Hodgkin  
R. H. Holden  
Ralph Jarrett

Junius Smith  
M. H. Truluck  
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A. T. Jennette, *Chairman*

Carl Wolfe  
R. M. Olive, Jr.

L. E. Wall  
L. G. Page

W. B. Sherrod

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S. P. Gay  
Wade Sowers  
W. W. Bowling

Carry T. Wells  
R. M. Olive, Sr.  
F. Spencer Woody

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J. J. Lauten  
J. R. Wheless  
W. K. Griffin

Henry Murray  
A. R. Stanford  
J. E. Roberts

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George Alexander  
W. J. Turbyfill  
H. C. Carr

H. M. Patterson  
Wade Breeland  
C. I. Miller

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W. D. Yelton  
Everett Teague  
Worth Byrd

P. B. Whittington, Jr.  
J. W. Sigmon  
J. M. Pringle

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### **First District**

Chairman: C. A. Pless

### **Third District**

Chairman: F. E. Gilliam

### **Second District**

Chairman: O. R. Hodgins

### **Fourth District**

Chairman: Royster Chamblee

### **Fifth District**

Chairman: Z. L. Edwards

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Sam Hart

J. P. Bingham

J. H. Hughes

W. W. Rankin

L. G. Coble

D. S. Cook

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J. D. Southworth

W. M. Sloop

M. L. Cherry

C. W. Poindexter

A. A. McDuffie

A. W. Craver

W. A. Pressly

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T. E. Sikes, Jr.

Tom Blair

K. L. Johnson

J. C. Finn

W. P. Hinson

Hilton Crotts

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W. P. Weeks

Ralph Falls

J. T. Bell

A. C. Early

J. T. Thomas

W. T. Burns

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### **First District**

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A. D. Abernathy, Jr.

### **Second District**

Grady Ross

T. L. Blair

### **Third District**

Norman Ross

C. C. Poindexter

### **Fourth District**

Wilbert Jackson

Tom Collins

### **Fifth District**

Dan Wright

Guy Pigford

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John Pharr, *Chairman*

John C. Brauer, *Co-ordinator*

### **First District**

Chairman: C. A. Pless

### **Third District**

Chairman: S. P. Gay

### **Second District**

Chairman: Burke Fox

### **Fourth District**

Chairman: J. W. Branham

### **Fifth District**

Chairman: Clyde Minges

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S. E. Moser

R. S. Turner

Don Kiser

Sam Bobbitt

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Ralph L. Falls

P. B. Whittington, Jr.

E. D. Baker

Coyte Minges

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R. F. Hunt

T. L. Blair

C. C. Poindexter

Ralph Coffey

## CENTENNIAL COMMITTEE

F. O. Alford, *Chairman*

J. S. Betts, *Honorary Chairman*

Wade Breeland, *Co-ordinator*

### First District

A. C. Current, Sr.

C. T. Wells

### Second District

Homer Guion

W. B. Sherrod

### Third District

C. C. Poindexter

H. V. Murray

### Fourth District

J. M. Fleming

C. W. Sanders

### Fifth District

Clyde Minges

Paul Fitzgerald, Sr.

## LIAISON COMMITTEE TO THE OLD NORTH STATE DENTAL SOCIETY

Frank Kirk, *Chairman*

C. G. Powell

Ralph Wilkins

O. B. Kirby

W. I. Farrell

Gates McKaughan

## HOSPITAL DENTAL SERVICE COMMITTEE

G. L. Hooper, *Chairman*

K. I. Andreve

Dan Carr

G. S. Abernethy

J. L. Henson

E. W. Lipe

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Emery Bencini

F. G. Atwater

Hubert Plaster

A. W. Cash

A. L. Wooten

H. E. Butler

## DENTAL CARIES COMMITTEE

Grover Hunter, *Chairman*

J. Ross Pringle

Dan Wright

A. C. Current, Jr.

Zeno Edwards, Jr.

Forest Port

L. H. Butler

W. P. McClelland

G. L. Overman

## HOUSING COMMITTEE

Howard Branch, *Chairman*

Walter Clark

L. H. Short

E. N. Lawrence

J. C. Crank

A. L. Wooten

# North Carolina Dental Hygienists' Association

MRS. LUCILLE WILLIAMS, <i>President</i> .....	Gastonia
MISS EMMA MILLS, <i>Vice-President</i> .....	Winston-Salem
MISS MARGARET JONES, <i>Secretary</i> .....	High Point
MRS. BARBARA LONGCOY, <i>Treasurer</i> .....	Black Mountain

## EXECUTIVE COUNCIL

Miss Jean Hiener	Miss Emma Mills	Miss Lucille Williams
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## PROGRAM

**Sunday, May 16, 1954**

- 1:00 P. M. Registration
- 4:00 to
- 6:00 P. M. Official Reception, Pinecrest Inn
- 8:00 P. M. General Session, North Carolina Dental Society, Carolina Hotel

**Monday, May 17, 1954**

- 9:00 A. M. Registration
- 9:30 A. M. Opening Session
  - Call to Order
  - Minutes
  - Treasurer's Report
  - Business
- 10:30 A. M. Report of the National Meeting, Miss Emma Mills
- 11:00 A. M. "Orthodontics." Dr. Amos Bumgardner, Charlotte
- 12:00 A. M. "Looking at Ourselves" Panel Discussion. Moderator, Miss Emma Mills, Participants: Miss Jean Hiener, Miss Mary Louise Tuttle, Miss Lucille Williams
- 2:30 P. M. "The Dental Hygienist Keeps Fit." Mrs. Alice Grady, St. Augustine, Fla. Trustee, District VI, American Dental Hygienists' Association.
- 3:35 P. M. Election of Officers
- 4:00 P. M. Executive Council Meeting

**Tuesday, May 18, 1954**

- 9:30 A. M. "There Is a Challenge," Miss Alberta Beat, Chapel Hill
- 11:00 A. M. Dr. Bernard Walker, Charlotte
- 12:30 P. M. Luncheon—Gray Fox Inn
- 2:00 P. M. General Clinics—Carolina Hotel
- 7:00 P. M. Banquet
- 9:00 P. M. Dance



Pictured above are the officers of the North Carolina Dental Auxiliary for the current year. In the upper left hand corner is Mrs. T. Edgar Sikes, Sr., President. Mrs. E. M. Medlin, the Vice-President, is on the right. Lower photos, left to right, Mrs. C. N. Stone, Secretary; Mrs. L. D. Herring, Historian, and Mrs. Walter Clark, Treasurer.

## North Carolina Dental Auxiliary

### Officers

MRS. T. EDGAR SIKES, SR.	President
MRS. E. M. MEDLIN	Vice-President
MRS. RALPH COFFEY	President-Elect
MRS. C. N. STONE	Secretary
MRS. WALTER E. CLARK	Treasurer
MRS. L. D. HERRING	Historian

# Fourth Annual Meeting

Carolina Hotel, Pinehurst, N. C.

May 16-18, 1954

## Program

**Sunday, May 16**

- 2:00 P. M. Registration ..... Foyer  
5:00 P. M. "Lawn Party" ..... Lawn  
8:00 P. M. General Session, N. C. Dental Society ..... Ballroom

**Monday, May 17**

- 8:30 A. M. Registration ..... Foyer  
9:00 A. M. Golf Tournament ..... Pinehurst Country Club  
10:30 A. M. Card Tournament, Bridge and Canasta ..... Card Room  
1:00 P. M. Luncheon  
2:30 P. M. Executive Board Meeting ..... Cocktail Room

**Tuesday, May 18**

- 10:00 A. M. General Meeting ..... Card Room  
Invocation, Mrs. Henry C. Carr, Durham  
Secretary's Report  
Treasurer's Report  
President's Report  
Election of Officers  
Installation of Officers  
Adjournment  
1:00 P. M. Luncheon ..... Crystal Room  
Awarding of door prizes, Golf prizes and Trophy  
Recognition of New Members  
6:30 P. M. Banquet  
9:00 P. M. Dance

The North Carolina Dental Auxiliary extends a cordial invitation to its members and guests to participate in the many planned activities.

A reception on the lawn of the Carolina will be given Sunday afternoon by the Auxiliary with the members of the North Carolina Dental Society as especially invited guests.

Golf, Bridge and Canasta are the scheduled events for Monday, but if none of these activities appeal, a tour of the Orchid Gardens or tea at the historic Shaw House can be arranged.

# North Carolina Dental Assistants Association

## FOURTH ANNUAL MEETING

HOLLY INN

PINEHURST, N. C.

May 16, 17, 18, 1954

### Sunday, May 16

- 10:00 A. M. Registration
- 2:00 P. M. Board of Directors Meeting
- 3:00 P. M. House of Delegates
- 5:00 P. M. Hostess Tea
- 8:00 P. M. General Session, North Carolina Dental Society, Carolina Hotel

### Monday, May 17

- 8:00 A. M. Registration
- 9:00 A. M. General Meeting
  - Invocation—The Reverend C. K. Ligon, Southern Pines
  - Address of Welcome
  - President's Address, Miss Edna Zedaker, Charlotte
  - Guest, Miss Lillian Hoffman, President A.D.A.A.
- 11:30 A. M. "Office Management." Dr. L. D. Pankey, Coral Gables, Fla.,  
Carolina Hotel
- 2:00 P. M. "Oral Hygiene as It is Related to Dental Diseases"  
Dr. S. P. Gay, Greensboro
- 3:00 P. M. "X-rays and The Dental Assistant"  
Dr. R. E. Richardson, Chapel Hill
- 4:00 P. M. Clinics
- 5:00 P. M. House of Delegates
- 8:00 P. M. Banquet and Dance

### Tuesday, May 18

- 8:00 A. M. Registration
- 9:00 A. M. House of Delegates
  - Election of Officers
  - Installation of Officers
- 11:30 A. M. House of Delegates
  - Committee Reports
  - Adjournment
  - Meeting of New Board of Directors
- 2:00 P. M. North Carolina Dental Society Table Clinics—Carolina Hotel



**DR. W. T. SMITHWICK**

The oldest member of the North Carolina Dental Society, who through a long and useful life has endeared himself to all who have been privileged to know him. A Christian Gentleman of "The Old School."

# Dental Education Is Great Need

B. N. Walker, D.D.S., Charlotte

The North Carolina Dental Society owes a debt of thanks to the local dental societies throughout the state for doing an excellent job in the educational field via newspaper, radio, and television for the sixth National Children's Dental Health Day. Parent-Teacher groups, civic clubs, newspapers, radio stations, and television stations were most cooperative in their support of this event. Never in the history of organized dentistry have as many people seen and heard the messages that were presented. For one day in the year the dental profession had its day to preach and teach dental health other than at the dental chair. We hope that next year there will be more societies participating in this growing program of dental education.

Dental education is needed more than ever by the American public and there is plenty of material for the profession to use. Thousands of words of misinformation and false claims are made every day by manufacturers of everything from chewing gum, tooth paste, and tooth brushes to cereals. The dental profession had a chance to tell the world the truth about the hoax that is being perpetrated on the public. Our profession has promoted dental research in the various branches of dental health for the benefit of humanity, and there is an ever increasing need for research and presentation of the true facts.

The stature of our profession has not just happened, but has

been achieved through many years of hard work and service by active members. It is necessary that our members today continue this good work, ever mindful of our "Code of Ethics." In this day of social trends it is important for us to protect as well as improve our professional integrity. Our state society has grown so large that every member should take an active part in its affairs. The future is up to each of us.

The following poem by an unknown author must have been written by an active committee chairman.

Are you an active member,  
the kind that would be  
missed?

Or are you just contented that  
your name is on the list?

Do you attend the meetings,  
mingle with the flock?

Or do you stay at your office  
and criticize and knock?

Do you take an active part to  
help the work along?

Or are you just satisfied to be  
the kind who "just belongs?"

Do you ever work on committees  
to see there is no trick?

Or leave the work to just a  
few and talk about the  
clique?

So come to the meetings often  
and help with hand and  
heart;

Don't be just a member but  
take an active part!

**Think this over, brother, you  
know right from wrong,**

**Are you an active member, or  
do you just belong?**

# The President's Page

Neal Sheffield, D.D.S., Greensboro

This will be my last opportunity to bring a message to you as President, through the medium of the Journal before the state meeting in May. I feel that through the combined efforts of the officers, committees and members a great many things have been accomplished. Working in harmony with our organization during the past two years has afforded me untold satisfaction and given me abounding faith in the future of our profession. My deepest thanks go to each of you.

We are rounding out the last few years of the first Century of organized dentistry, and it is well that we pause to see where we have been. A part of that time was marred by a great civil war which all but tore our nation to shreds. In spite of this, dentistry has come a long way. In the early years of our profession a large part of dentistry was practiced by the untrained and the "jack of all trades"; the blacksmith extracting teeth for his neighbors in many instances. Dentistry, however, has progressed in its first hundred years and today our profession holds an enviable position with the other health professions.

Where are we going from here? What will the second hundred years hold in store for our profession? This, my friends, is a challenge to each of us. It is a challenge to the young men and women who are, and will be enrolled in our dental schools in the future. This is a challenge to our dental schools which must

never be other than the best. Education and research must go hand in hand. Our forefathers by perseverance, courage and hard work have laid a foundation on solid rock, on which we and those that go before us must build a greater dental profession for tomorrow.

The next major progress to be made in the field of our profession will come in preventive dentistry and education of our patients. Many of you had the pleasure of seeing television used for the first time in North Carolina in carrying dental health messages to the people of our state. During the week of February 1, Dr. John Brauer and his committee on Public Relations and Fluoridation brought Dental Health telecasts in forum form through the facilities of television stations in Greensboro, Raleigh, and Charlotte to a large viewing public in our state. We wish to thank Dr. Brauer, his committee and those who participated with him in bringing Dental Health telecasts for the first time in North Carolina. If the dental profession is to cope with the dental problems of today there must be more attention given to children's dentistry and it is gratifying to see that this phase of dentistry is being stressed more and more in our dental schools. Good children's dentistry should be practiced in every office and it will be when the students are properly trained to perform this service.

We are familiar with the quotation "Knowledge is Power."

Your investment in stocks and bonds may show great gains today but next month or next year your ledger may be in the red. Your investment in knowledge is a safe one and as you use it the value increases. Knowledge can be imparted to others but no one can take it from you.

We have a great treat in store for us at our annual meeting in Pinehurst, May 16-19. This meeting will afford a great opportunity for you to add to your store of knowledge. Hear your lecturers and pay close attention to the clinics. Let us not lose sight of the fact that by the use of the knowledge gained at these meetings we will not only render a greater service to our patients but in return we will be rewarded by the satisfaction that we have served our communities and helped our people to better health.

Once again I want to call your attention to the matter of Health and Accident Insurance. We can not realize the value and importance of this protection until we have need for it and then it is too late. A new enrollment pe-

riod for the members of the North Carolina Dental Society in the American Dental Association group plan for Health and Accident Insurance which was opened on February 1, will close May 1, 1954. You will not only be securing adequate coverage for yourself but if 50 per cent of our membership apply for this insurance it will enable members with impaired risks to obtain insurance, otherwise it would be impossible for them to obtain any insurance. Please remember that this insurance is non-cancellable so long as the group policy is in force in this state. At the present time there seems to be much dissatisfaction with private health and accident insurance, in which policies in many instances are cancelled if and when the insured has had a serious illness.

I am glad to have the privilege to extend a very cordial invitation to the members of the North Carolina Dental Society, the Dental Auxiliary, Dental Hygienists, and Dental Assistants to attend their respective meetings in Pinehurst in May.

## GRADUATE INSTRUCTION

The School of Dentistry, University of North Carolina, will admit its second class of graduate students in Orthodontics, leading to certification or the Masters Degree, in June 1954. Graduate instruction in Pedodontics also will begin in June 1954. A graduate degree or certification will also be initiated in Oral Surgery in September 1954. Communications may be directed to Dean, School of Dentistry, University of North Carolina, Chapel Hill, North Carolina.

# Routine Roentgenographic Examination

Richard E. Richardson, D.D.S.

The routine roentgenographic examination of every dental patient has not become a universal practice as yet and it must be admitted that it might not be practicable in every instance. However, the tendency toward such procedure is to be highly commended.

Early experiences with the practical application of the phenomenon of x-radiation, discovered by Wilhelm Konrad Roentgen, met with many serious consequences. The refinement of techniques, control and equipment has resulted in a convenient, safe and efficient aid to diagnosis. The failure to employ such a valuable tool to its fullest, approaches an implication of negligence.

In the main there are two obstacles to routine roentgenographic examination of the dental structure for every patient. The one most commonly voiced is economic in nature. While this is a real problem in some instances, its justification with the majority of dental patients today is difficult. The manner in which this problem is handled necessarily must be decided by the individual practitioner.

The legal, ethical and humane implications are such that some solution of this particular problem must be effected.

It is not the purpose of this brief article to discuss the economic side of dentistry but rather to deal with the second objection to routine roentgenographic examination: namely the time element.

There have been many techniques elaborated for roentgen-ray examination, each having its own advantages and disadvantages. Technical preferences are influenced largely by experience, training and habit just as they are in other areas of dentistry. Use whatever technique works best in your hands to produce the best results.

The principle aim here is to outline certain minimum requirements for complete coverage in various types and age groups of patients. In the listing of these requirements it must be added in every instance, "and as many more views as are necessary to render the examination complete."

A so-called "full series" of x-ray views may include as many as twenty-eight or more intra-oral films for the adult patient. This is very fine for the ultimate in such examinations. However, if the practice of such examination for every patient is to become routine, there must be simplification as opposed to elaboration.

Roentgenographic examination can and should be made for all patients, regardless of age, when they are accepted for treatment. The extensiveness of such procedure will be determined by the individual circumstances presented by the patient and by the requirements of the case.

For the very young patient, from the first dental treatment experience to age six or seven, approximately, the very small type O film is used. While very

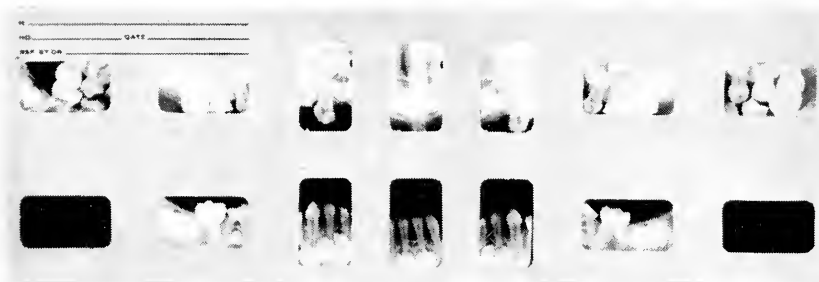


Fig. 1.

limited in its coverage, it is easy to manage, comfortable and is quite adequate if properly used. The basic technique for this age-group includes ten periapical and two posterior bite-wing views (Fig. 1). The periapical views are: primary molar and cuspid areas in each of the four quadrants and incisor views above and below. The bite-wing film is provided by making a bite-tab of cellophane or adhesive tape on the face of the type O film.

It must be accepted that any such examination in this age group may result in some degree of inadequacy but, in the average case, beautiful results can be obtained.

Examination of older children is made with the use of regular size periapical film as soon as oral development permits the placement of such film (Fig. 2).

This film may be employed at a much earlier age than is generally supposed. While its use for the small patient may produce a little more discomfort than the type O size and may produce more distortion at its borders, the advantages of its greater coverage more than offset such objections.

The number of views made need not increase until around age ten to eleven at which time it is advisable to add a permanent molar view in each of the four quadrants of the mouth. The bite-wing views then can best be made by using the regular periapical film to which a bite-tab has been added. Bite-tabs for this size film may be purchased through a dental supply company; they may be made and attached to the film in the form of cellophane or adhesive

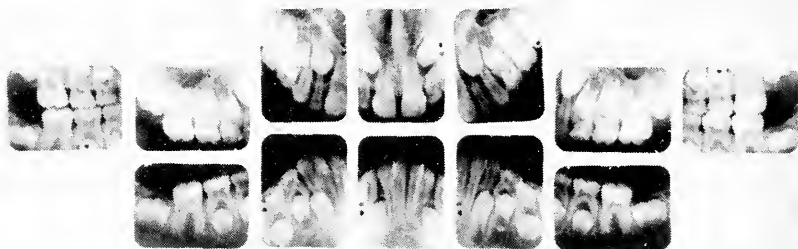


Fig. 2

tape; or regular type 2 bite-wing films may be obtained.

From this age group through adulthood, until the loss of the teeth, the basic standard roentgenographic examination may consist of fourteen periapical views plus adequate bite-wing views (Fig. 3).

will be better to produce separate bicuspid and molar views requiring a total of four bite-wing views.

Very probably, one of the most neglected patients from a roentgenographic standpoint is the edentulous patient. The fact that an individual has lost his teeth

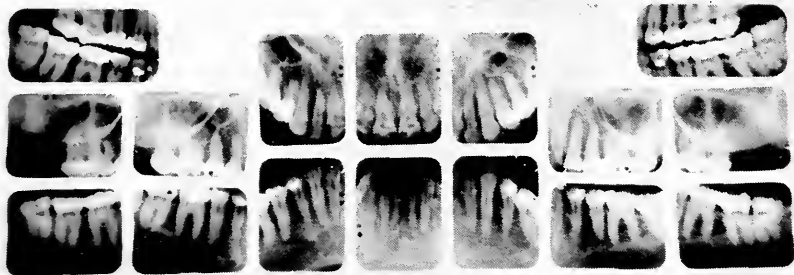


Fig. 3.

The fourteen periapical film series is a minimum requirement for full coverage of the adult patient. These views consist of seven upper and seven lower molar, bicuspid, cuspid views in each of the four quadrants and upper and lower incisor views. This minimum number may be increased to sixteen by the addition of upper lateral incisor views in cases where adequate views of these teeth cannot be included in either the incisor or cuspid views.

The method or technique for inter-proximal or bite-wing examination will necessarily vary to suit the individual patient. In the fully developed mouth the type 3 bite-wing film provides reasonably adequate examination with one view for each side in the posterior region. However, in the small mouth, the type 2 will serve more efficiently. In cases where the posterior teeth are not "in line" it

does not preclude the possibility of pathological processes in the future. It is to the advantage of both patient and dentist to search out evidence of potential troubles prior to the institution of restorative measures.

Basic examination of the edentulous mouth can be accomplished for the average patient by making seven views (Fig. 4): one periapical view in each of the four molar areas, a periapical view of the mandibular incisor region and upper and lower occlusal views. Many cases will require additional views. Fourteen periapical views provide excellent coverage and, with the occlusal views, would be most desirable but not necessary routinely. Seven views will provide a satisfactory examination in most instances.

The taking of the occlusal views should present few difficulties since the technique is relatively simple. For the maxil-

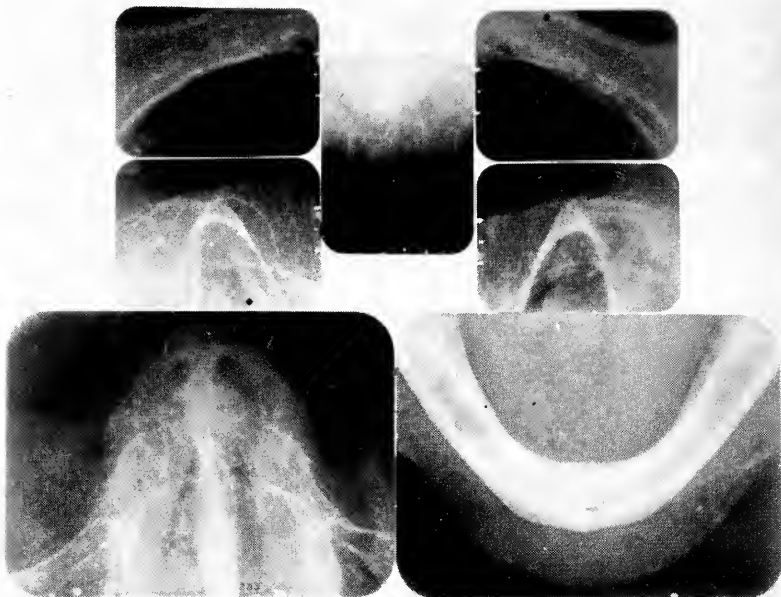


Fig. 4.

lary arch: position the patient so that the occlusal plane is parallel with the floor; place the film packet "crosswise" in the mouth with the face or pebbled surface toward the upper ridges; direct the rays at a vertical angle of 65 to 70 degrees and horizontally parallel to the saggital plane of the body; the point of entry is the bridge of the nose. For the mandibular arch: tilt the chair and patient's head backwards until the lower occlusal plane is perpendicular, or nearly so, to the floor; place the film packet "crosswise" in the mouth with the face or pebbled surface toward the mandibular ridges; direct the rays perpendicularly to the face of the film; the point of entry is the center of the floor of the mouth or, more accurately, at the center of a triangle formed by the two angles and

the symphysis of the mandible. Exposure time is  $3\frac{1}{2}$ -4 seconds when the regular speed film is used.

If the patient is unable to hold occlusal film in position by closing the jaws together, either a finger or thumb of the patient may be used to stabilize the packet.

Occlusal films are obtainable from the dental supply company and are processed in the same manner as periapical film.

It must be emphasized that what is presented here defines a complete roentgenographic examination for every patient. Whenever evidence points to the presence of complications, pathology or problems of any nature, there may be need for more detailed and more accurate examination.

However, such examination as

presented here can be made quickly, efficiently and, in the majority of instances, will provide the dentist with a valuable study of the dental structures. They can be carried out at relatively little cost and, if properly presented, will be accepted as desirable and proper by the patient. They will bring about a more complete and rational dental service. They will produce greater economic returns and

satisfaction in the knowledge that true service has been rendered.

More and more patients voluntarily request x-ray examination. It stands as the single most valuable tool in the hands of the profession as a diagnostic aid. It is to be hoped that its use will become more and more routine until it takes its rightful place of importance alongside the mouth mirror and explorer.

AGE GROUP Approx.	PERIAPICAL		BITE-WING		OCCLUSAL VIEWS	TOTAL
	FILM SIZE	NUMBER VIEWS	FILM SIZE	NUMBER VIEWS		
Up to 6	0	10	0	2		12
6-10	Regular	10	2	2		12
10 and up	Regular	14	3	2		16
Edent- ulous	Regular	5			2	7

Table Showing Various X-ray Films Used for a Complete Examination

# Dentinogenesis Imperfecta

**CASE REPORT:** Joseph F. Burket, B.S., D.D.S.; Richard E. Richardson, D.D.S.; James E. Hoppers, B.S., D.D.S.

A six year old Negro boy was referred to the School of Dentistry for diagnosis and treatment for an existing condition of the primary teeth.

Clinical examination revealed a full complement of primary molars, cuspids and upper lateral incisors. The remaining anterior primary teeth had been normally exfoliated. The lower

general examination of the child. The primary teeth had erupted within the range of average schedule of eruption.

Roentgenographic examination (Fig. 3) demonstrated the pulp and root canals of the primary teeth to be totally or partially obliterated by dentin. There were no missing permanent tooth buds in areas which were radio-

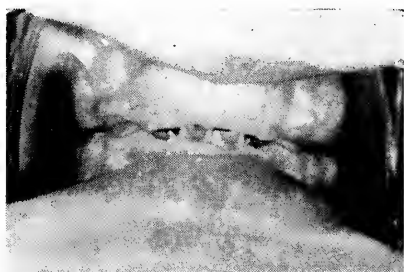


Fig. 1.

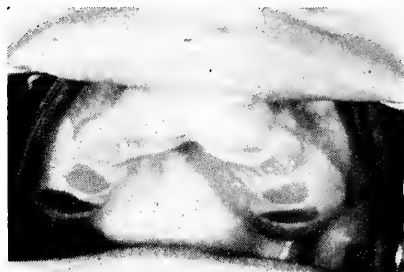


Fig. 2.

permanent incisor teeth were in the process of eruption. All primary teeth present appeared brown to bluish-gray in color and were opalescent. Rapid attrition had occurred causing all teeth to be worn down to the approximate gingival line, with exception of the inferior left second primary molar which had been attacked by caries leaving only the roots present. (Figs. 1, 2)

History revealed that the patient's mother and maternal grandmother suffered from a similar condition, the mother having worn full dentures since the age of eighteen. Other than a bite closure and short vertical dimension, no other defects were discovered in the history and

graphed. X-rays were not taken of third molar areas. The crowns of the upper central incisors, lower central and lateral incisors and four first molars were starting to erupt. Evidence of pulp recession of these teeth was present yet root formation was far from complete and apices were open. Lack of enamel formation was apparent in the incisal and occlusal portion of the crowns of these teeth. The same condition appeared to be a possibility in the remaining permanent teeth although their development had not reached a stage to establish a definite conclusion. A thin layer of enamel was present on the proximal, buccal and lingual areas of the permanent teeth. A

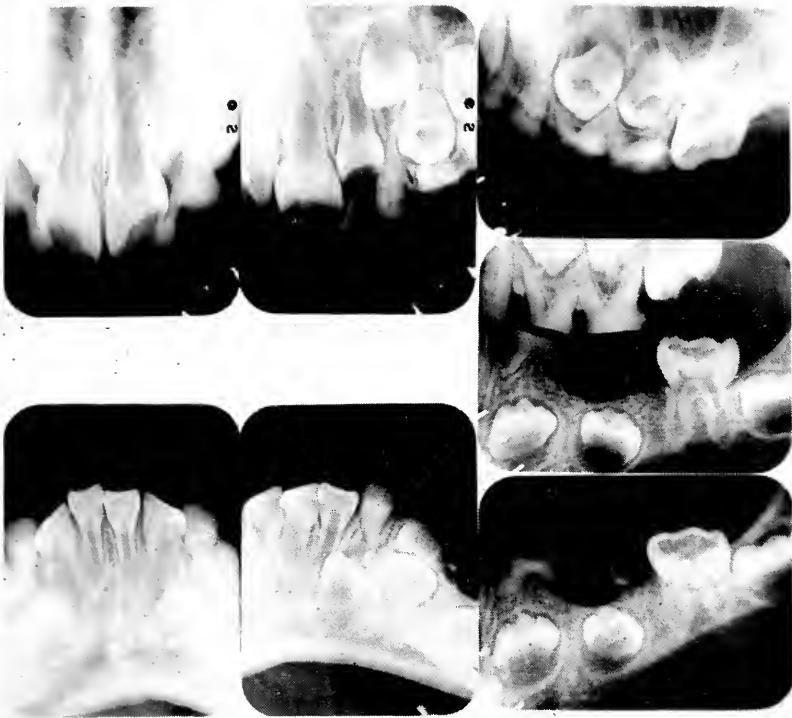


Fig. 3.

diagnosis of dentinogenesis imperfecta (hereditary opalescent dentin) was made. This condition is a result of a disturbance of histodifferentiation of the odontoblasts during formative period of the dentin.<sup>1</sup> Confirmation of the above diagnosis was made upon microscopic examination of decalcified longitudinal and cross sections of the affected teeth. No remnant of pulpal tissue was observed. The structure of the dentin was very irregular and a variation in the size and distribution of the tubulae noted. Evidence was present suggestive of hypocalcification of the ground substance.

Treatment: The primary teeth were extracted under local anes-

thesia. No complications were encountered except that the teeth were very brittle and several root fractures occurred. Healing occurred rapidly. A full upper acrylic denture and a lower partial acrylic denture were constructed. (Fig. 4) The bite was opened enough to allow the first permanent molars to



Fig. 4.

erupt in normal occlusion thereby restoring correct vertical dimension. The lower partial denture did not cover the anterior teeth as eruption had commenced. When the upper incisors erupt the anterior portion of the upper denture will be cut away to allow space for erup-



Fig. 5.

tion. As the permanent teeth erupt it may be necessary to construct new partial dentures. The patient was quite pleased with his dentures and encountered little difficulty in wearing them. (Fig. 5, 6)

Future Treatment: As the per-

manent teeth erupt an attempt to protect them will be made by means of temporary crowns until full eruption. If teeth fully erupt it is planned to restore them by means of jacket crowns in the anterior region and full cast gold crowns in the posterior region. Should failure of complete erup-



Fig. 6.

tion occur the alternate treatment would be extraction of all permanent teeth and full denture replacement. In either instance the future treatment will be necessary over a period of several years with many restorations and dentures.

1. Schour, I. and Massler, M., Development of the Teeth, p. 45-46, (In Brauer, John C., Dentistry for Children, 3rd Ed. New York, The Blakiston Co. 1952. 454 p.)

## **Editorial**

### **Responsibility of Dentists to Laboratory Accreditation**

C. C. Poindexter, D.D.S., Greensboro

Is it the responsibility of ethical dentists to support the program of accreditation for dental laboratories in North Carolina? By certain understandings between the North Carolina Dental Society and the North Carolina Dental Laboratory Association, the answer is definitely Yes.

Ethical dentists have high standards; they have their own rigid Code of Ethics that each considers its obligation to sustain.

The accredited laboratories are organized to maintain high standards, to produce the finest work possible, to strive constantly for better service to dentistry and, therefore, to the public. They hold clinics to keep their technicians abreast of the latest developments in prosthetic dentistry. They go to considerable expense to enhance their value to you, the ethical dentist, because you are their only customer and you and your patients are the only persons to which their business is devoted. They support our JOURNAL with advertising revenue. They resent and act promptly to stamp out the illegal practice of dentistry to the limit of their means and authority.

These laboratories cooperate with your own Prosthetic Dental Service Committee, which is the accrediting agency. This means a happier practice for you. It means better service, properly made appliances and, therefore, less waste of your valuable chair time. It means satisfied patients. And all of it means a better economic situation for the dentist who patronizes accredited laboratories.

The non-accredited laboratories have no required Code of Ethics. They have no organization devoted to uplifting their craft. They don't organize and present clinics for their technicians. They do not participate in our fight on illegal dentistry. They make little, if any contribution to the improvement of the craft as a whole in North Carolina. Whether they respect the Code of Ethics of dentists is a matter which each individual non-accredited laboratory operator decides for himself. They certainly take no part in an organized effort to respect your Code of Ethics and do not actively subscribe to the Code of Ethics of the North Carolina Dental Laboratory Association, to which only accredited laboratories may belong.

It is again pertinent to emphasize that our own North Carolina Dental Society instigated the accreditation program in this state. Therefore, it is our program.

Accredited dental laboratories deserve and merit our support. It is our duty to support them and to give them every encouragement in their efforts to maintain high standards.

This is purely a voluntary program. The accredited laboratories are not concerned in persuading any one into their Association.

Whether he should operate under the standards of accreditation or not is a free choice for every laboratory operator. On the other hand, no ethical laboratory operator is denied admittance to the selected accredited list if he can meet the requirements of your Prosthetic Dental Service Committee. The door is always open to him and a welcome awaits him.

Until a laboratory decides to meet the standards your society has set, we owe our support to the accredited dental laboratory. It's not only a moral obligation. It is good business.

### **North Carolina Dentist Credited with Pellagra Discovery**

Some evidence exists that Dr. Walter Bartow Houston, a North Carolina dentist, was the first to conclude that pellagra is a nutritional disease. Dr. Houston, a graduate of Vanderbilt University in 1886, practiced dentistry in Monroe, North Carolina. He was born March 11, 1862 and died July 15, 1919.

Dr. E. V. McCollum of Johns Hopkins University has been occupied for several years in writing a history of nutritional research and he is very much interested in securing information about Dr. Houston and his contribution to the discovery of the cause of pellagra. The following quotation was taken from a recent letter directed to Mrs. Horace Neal of Monroe from Dr. McCollum: "I have found a reference to the effect that your father, the late Dr. Walter Bartow Houston, was affected with pellagra some years before 1916, and that he concluded it was caused by low nitrogenous diet. That he cured himself of that disorder by taking high nitrogenous foods and that he told others of his success and that they followed his advice and were cured. This was at a time when medical investigators still believed the disease to be transmitted by a fly or to be the result of hypothetical poison in corn. It seems to me that your father was the first to conclude that pellagra is a nutritional disease."

Further information concerning Dr. Houston and his work with pellagra will be welcomed by the Editor or Dr. McCollum.

### **POSTGRADUATE INSTRUCTION**

A series of Postgraduate dental courses will be offered at the Dental School in Chapel Hill this summer. The courses with inclusive dates are as follows:

- Dentistry for Children I—July 12-16
- \*Dentistry for Children II—July 19-23
- Endodontics—June 21-25
- Endodontics (same course as above offered one day per week)—June 30, July 7, 14, 21, and 28
- Periodontology and Oral Pathology—June 14-16
- Operative Dentistry—June 12

Dentists interested in receiving additional information concerning these courses are requested to write to the Department of Postgraduate Dental Instruction, P. O. Box 750, School of Dentistry, University of North Carolina, Chapel Hill, North Carolina.

\*Successful completion of "Dentistry for Children I" is a requirement for enrollment in "Dentistry for Children II."

# News From the Districts

- The Alamance-Caswell Dental Society has assumed as one of its major projects free care and treatment of children in Elon Christian Orphanage.

Dr. W. W. Walker, secretary-treasurer of the organization said adoption of the project came unanimously at a recent meeting of the society and each dentist has been assigned five children, for whom he will provide complete dental service in the future. The society also will examine without charge all Boy Scouts who will be entering camp in the future.

Dr. F. E. Gilliam and Dr. H. L. Perdue were appointed by the society to be representatives on the Boy Scout Health and Safety Committee. Dr. John Stephens is society president.

- Dr. and Mrs. Frank G. Atwater of Greensboro attended the Thomas P. Hinman Mid-Winter Clinic.

- Dr. Luther Butler and Dr. John Wheelless attended the Mid-Winter Dental Meeting in Chicago.

- Dr. and Mrs. Jim Henson are building a new home soon.

- Congratulations to: Dr. and Mrs. Bert Brannan, a son, William Scott born December 21, 1953.

Dr. and Mrs. James Finn, a daughter, Susan Matrina born October 7, 1953.

Dr. and Mrs. Joseph R. Suggs, a son, Richard Howard born January 29, 1954.

- Dr. Durant Bell has reopened his office in Washington, N. C., upon being released from the Army.

- Dr. W. T. Ralph, often elected Mayor of Belhaven, married Miss Mary Emily Wilson in December. Since the wedding he is extracting only deciduous anteriors.

- Dr. J. D. Carlton, life member of the ADA, has been confined to his home in Rocky Mount for more than a year following a fall and fracturing his hip.

- Dr. Coyte Minges, president of the Fifth District, is the father of a son, Clyde Coyte.

- The Wayne County Dental Society has a committee working to eliminate the sale of candy and soft drinks in the schools in accordance with the published request of Dr. Neal Sheffield and the American Dental Association. Another committee is working to obtain dental education films for Parent-Teacher groups and Home Demonstration agents. These films are rented from the ADA at a nominal cost and are excellent media of public information concerning the need for dental health.

- Dr. James Zealy, of Goldsboro, attended the State Officers Conference in Greensboro, November 22. The first meeting of its kind in the history of the North Carolina Dental Society.

- Dr. H. A. Baughan has opened a new office in Avon Park, Florida. He was formerly associated with Dr. Stu Ward, also of Avon Park.
- Dr. Darden Eure of Morehead City has moved into his new office of which he and the townspeople are very proud. A new bungalow four chair office. Everyone is invited to look it over.
- Dr. Wesley Gooding of Ayden is stationed at Camp Lejeune, N. C.
- Dr. E. S. Benson of Wilmington is stationed at Fort Bragg with the Army in the Smoke Bomb Hill Dental Clinic.
- Born to Dr. and Mrs. T. A. Smith of Havelock, a son T. A., Jr.
- Dr. and Mrs. Jack Dowdy of Rocky Mount were blessed with a second daughter.
- Dr. and Mrs. James Lee announce the birth of a son, John Jeffery. Dr. Lee returned to Mount Olive in August of 1952 after a two year stint in the Marines. He formerly practiced in Fremont.
- Dr. Tom Rattan left the State Hospital at Goldsboro in January to enter private practice in Lexington, North Carolina.
- Dr. R. B. Barden of Wilmington took a winter cruise to Nassau . . . courtesy of the U. S. Navy Reserve.
- Dr. Billy Belois of Wilmington has recently returned to civilian status after several months service at Camp Lejeune.
- The Spring meeting of the third group of the Fifth District will be held around the end of April at Dr. Charlie Johnson's cottage at Swansboro.
- After two years of service with the Army, Dr. Robert Mohn has returned to private practice in Plymouth.
- Dr. Tom Fleming of Tarboro has recently returned to Fort Bragg after spending some time in Korea.
- Dr. M. A. Garris of Weldon is enjoying his summer home at Bay View more than ever now that he has a landing strip next door to land his Tri-Paser.
- Two Wilson dentists, G. N. Anderson and A. D. Johnson, enjoyed a recent vacation in Europe.
- Dr. Joe Goldwasser, formerly with the State Board of Health, has recently opened his office for private practice in Kinston.
- Dr. J. Garves Poole, prominent Kinston dentist, has found it necessary to retire from active practice due to a recent illness. The Lenoir County Dental Society recently honored Dr. Poole for his great contribution to dentistry in Kinston and the state. A gift of a fully equipped salt water rod and reel was presented to him from the group. He plans to spend much of his leisure time fishing and taking life easy at the Core Banks Rod and Gun Club.

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#### OFFICERS 1953-1954

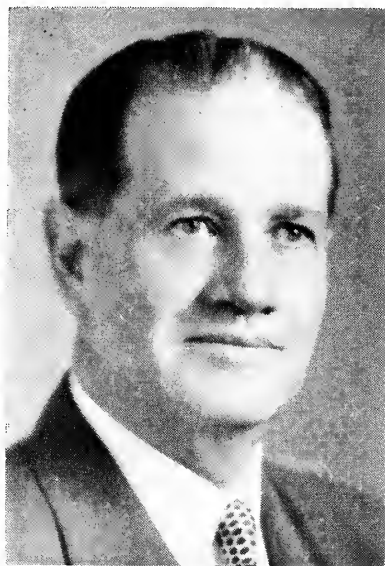
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President  
North Carolina Dental Society  
1953 - 1954

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**PROCEEDINGS**  
of the  
**NINETY-EIGHTH ANNIVERSARY MEETING**  
of  
**THE NORTH CAROLINA DENTAL SOCIETY**  
at the  
CAROLINA HOTEL — PINEHURST, NORTH CAROLINA  
May 16, 17, 18 19, 1954

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**GENERAL SESSION**

SUNDAY EVENING. MAY 16, 1954

The Ninety-Eighth Anniversary Meeting of the North Carolina Dental Society was called to order at the Carolina Hotel, Pinehurst, North Carolina, at eight-twenty o'clock, Dr. Neal Sheffield, President of the Society, presiding.

**PRESIDENT SHEFFIELD:** The Ninety-Eighth Anniversary Meeting of the North Carolina Dental Society will please come to order.

We will have meditations by Reverend Charles V. Covell, Rector of the Emmanuel Episcopal Church, Southern Pines, North Carolina.

**THE REVEREND CHARLES V. COVELL:** Let me say that I appreciate the invitation to be with you, tonight. It is a pleasure for me to see you all, and to wish you well, as you convene. The Scripture, The Epistle of Paul the Apostle to the Colossians, the third chapter, beginning at the first verse:

"If ye then be risen with Christ, seek those things which are above, where Christ sitteth on the right hand of God.

"Set your affection on things above, not on things on the earth.

"For ye are dead, and your life is hid with Christ in God.

"When Christ, who is our life, shall appear, then shall ye also appear with Him in glory."

The words of our Savior, "I am come, that ye might have life and that ye might have it more abundantly," are well-suited for a gathering of professional men and women, or, indeed, for any group who are seeking to serve. When a troubled woman went to a counselor, the counselor asked her, "As you look at the world, what do you see?"

She answered, "I see what I suppose everyone sees. I just see one big question mark across the horizon."

The counselor then suggested that in place of a question mark, she should see a cross. We wonder just what was in the mind of this counselor, when he said and suggested that this person see a cross. But for us, this cross suggests a number of very vital and wonderful truths. The cross is not a symbol of death, as we sometimes erroneously think. The cross is a symbol of resurrection of life, and of life hereafter. It

is, to be sure, the cross upon which a teacher beloved, a Savior, died. But on the third day his rising, again, changed that cross from an implement of death into a symbol of life, of victory.

As Christ was risen from the dead and became the first fruits of them that sleep, so the cross became, for us, a symbol of our salvation and of our hope for everlasting life.

"Because I live," said our Savior, "ye shall live also." And so there is comfort, as well as hope, in this symbol of the cross. To be sure, the cross has become, for man, a symbol of some sacrifice hard to bear. Yet may I suggest that even here the cross again becomes a symbol not of strife and of suffering that is aimless or purposeless, but of suffering shared, in order that some person or persons may find their way into a better, fuller life, even as Christ himself said, "I am come that ye might have life and that ye might have it more abundantly."

It is not quite right to use the words, "our cross," when we simply mean some frustration or some anxiety or even some aim that comes our way without our choice. The Christian's cross, as he takes it up, is the burden that is willingly assumed. It is the burden gladly taken up. It is the cross that is borne for the sake of another, and for the purpose of giving life, and life more abundant. Yes, the cross is the letter "I" with a line drawn through it, suggesting the great truth that we can only be useful, finally as we are willing to give of ourselves, even as St. Paul said, "To die for ourselves, ye are dead," he writes, "but alive in Christ."

And that is the great paradox, is it not, of self-giving, that when we are really, really, ready to die a bit for ourselves, then we find that new life is given to us? We find a new influx of power. We find our way into a higher, into a better, life. That is the paradox of the cross, that when we are willing to die, ourselves, we find that God is ready to give us fresh, new, abundant life. Yes, the cross might well be substituted, across any horizon, for the question mark. The question mark suggests doubt, hesitancy, uncertainty. The cross is a great symbol and a dear one. It answers more questions than it asks.

For instance, to the question, "What is life's meaning?" the cross gives the answer, "Service. Service above self, if you will." That is the "I" with the line drawn through it.

To the question, "Is this universe friendly?" the answer is also an assurance from the cross, "This day shalt thou be with Me in paradise." Those words from the cross were words of assurance and of life eternal, life abundant.

And what of the future? What of the future life, the life hereafter? Again, the cross comes to give us an answer, and it gives it not in hesitating terms, not with a question mark, but it gives us the assurance, "Because I lived, ye shall live also. In My Father's house are many mansions."

"If it were not so, I would have told you."

"I go, now, to prepare a place for you, and if I go and prepare a place for you, I will come, again, and receive you unto Myself."

There speaks the heart of the universe. There is the voice of God. So, then, as we are soon to think of those who have been loved and lost a while, we might think, again, of Tennyson's wonderful verse:

Sunset and evening star,  
And one clear call for me!  
And may there be no moaning of the bar,  
When I put out to sea.  
But such a tide as moving seems asleep,  
Too full for sound and foam,  
When that which drew from out the boundless deep  
Turns again home.  
Twilight and evening bell,  
And after that the dark  
And may there be no sadness of farewell,  
When I embark;  
For though from out our bourne of Time and Place  
The flood may bear me far,  
I hope to see my Pilot face to face,  
When I have crossed the bar.

May we join and unite in prayer as we bow our heads: Blessed Lord God, whose way is perfect, open our hearts to receive Thy Divine revelations. Inspire us, again, with Thy word of old, that we shall love our God with all our hearts and with all our souls and with all our strength, and with all our minds, and our neighbors as ourselves.

Make this, O God, our gold rule, that we shall seek the welfare of others, that we shall set aside our own petty selves, that so often get in the way. That we shall think of the others' welfare, and so give the best we have in service.

Help us, O God, as we gather in this convention, to feel Thy spirit's presence, to know that the great spirit of truth, the spirit of love, the creative spirit of life, is with us and about us and within us. And so, O God, may all that we do and say and think, be rebounding to Thy greater glory.

Hear our prayer, in Jesus' name. Amen.

PRESIDENT SHEFFIELD: Thank you very much, Reverend Covell.

I will now recognize Dr. W. L. McRea, of Red Springs, who will conduct the Necrology Service.

DR. WALTER L. MCRAE: Mr. President, we come, again, to the moment when we pause and pay tribute to those who walk with us no more. By their absence from among us, we are reminded of life's solemn duties and destiny, and of the comradeship we have had with them along the way.

Memorials of our departed friends have been written, to be entered and preserved in our minutes. As each name is called, the author of the memorial will come forward and present it, lighting a candle in memory of him.

I will ask Mrs. H. V. Murray of Burlington, to light a candle for Mrs. T. H. Sikes of Greensboro.

ARMEDIA LYNDON SIKES

1872-1954

Mrs. Thomas Hill Sikes, 82, mother of Dr. T. Edgar Sikes, and grandmother of Dr. T. Edgar Sikes, Jr., members of the North Carolina Dental

Society, passed away rather suddenly Sunday, May 2, at her home, at 1612 Oak Street, Greensboro, North Carolina.

The former Armedia Lyndon was born July 20, 1872, in Randolph County, at New Hope, where her father was a minister and teacher. She attended New Hope Academy. In 1895 she married Thomas Hill Sikes. Since 1905 she had been a resident of Greensboro. She was one of the oldest members of College Place Methodist Church, and was a charter member of the North Carolina Dental Auxiliary.

Survivors include her husband; two sons, Dr. T. Edgar Sikes, and Dr. C. Henry Sikes, both of Greensboro; three daughters, eleven grandchildren and seven great grandchildren.

Tribute paid by her pastor at her funeral made one feel that they were near a gracious spirit, which by precept and example of courage, deep feelings of mind and spirit in both the activities of home and church life, showed that she had lived close to God and that the journey in passing was not far.

Her life was a sermon. A friend said of her: "She had an infectious smile. Things just seemed brighter whenever you were around her."

She loved her home and family, and was often found among her flowers. We are infinitely richer because she was our friend. We saw, as she sat complacently among us in the Auxiliary, how graciously she accepted growing old; but with zest and enthusiasm she entered into the spirit of the occasion. Life for her never lost its glow. She had that serenity of life which only age can possess. She will long remain in the minds of all who knew her. Her children are the possessors of a rich inheritance, and would say with the poet,

You painted no madonnas on the chapel walls of Rome;  
But with a touch diviner, upon the walls of home.  
You wrote no lofty poems the world pronounces art;  
But with a nobler genius, you put poems in my heart.  
You carried no shapeless marble to symmetry divine;  
But with a finer sculpture, you shaped this soul of mine.  
Had I the gift of Raphael, or Michelangelo,  
Ah, what a rare madonna my mother's life would show.

DR. McRAE: The memorial for Dr. Claude M. Parks of Winston-Salem will be presented by Dr. L. R. Thompson.

#### CLAUDE M. PARKS, D.D.S. - F.A.C.D.

1900-1953

Dr. Claude M. Parks of Winston-Salem, North Carolina, died at his home while watching a ball game on television, December 26, 1953.

He was born near Elkin, N. C., November 4, 1900, the son of Mrs. W. L. and the late W. L. Parks. He received his education in the Elkin public and high schools, the University of North Carolina, and the Atlanta Southern Dental College graduating in 1923.

Dr. Parks practiced for about one year at Rockwood, Tennessee, coming to Winston-Salem in 1925 to be associated for a short time with the late Dr. Ham Horton. Until his death, he continued his practice in Winston-Salem.

Dr. Parks was a member of the local, district, state, and American Dental Associations, and a fellow of the American College of Dentists. He was past president of the local, district and state societies. Also, past vice-president of the state society. He served on many important committees of the North Carolina Dental Society and said organizations, notably the Advisory Committee of the North Carolina Dental Society to the University of North Carolina, in the establishment of the School of Dentistry at the University.

He was a member of Psi Omega Dental Fraternity, the First Baptist Church, the Masons, and the Forsyth Country Club.

Dr. Parks was loved by his patients, and held in high esteem by his fellow dentists, because of his high ethical standards, and love of the dental profession. Above all, he was just Claude Parks whenever and wherever you saw him.

Dr. Parks is survived by his wife, the former Rose Overton, of Axton, Virginia, and his mother, Mrs. W. L. Parks, of Winston-Salem, North Carolina.

Truly, we have lost a good friend.

DR. McRAE: The memorial for Dr. James Rufus Edmundson of Wilson, was prepared by Dr. Oscar Hooks.

### JAMES RUFUS EDMUNDSON

1875-1953

We pause to express the loss which has come to us in the death of Dr. James R. Edmundson. He died in Wilson, North Carolina, on June 18, 1953, after having practiced dentistry in Wilson for more than fifty years.

Dr. Edmundson was born February 13, 1875, in Johnston County, North Carolina. He was educated in the Johnston County Schools, and attended the Turlington Institute at Smithfield, North Carolina. He attended the Medical College of Virginia, and was graduated in 1898. Thereafter, he located at Red Springs, North Carolina, where he began his practice and remained there until he came to Wilson in 1901.

On November 4, 1903, he married Jon Bethea Fulmore. There were born of this marriage three children.

He was a skillful and successful practitioner. He commanded the love and respect of his brethren in the dental profession. His unshakable faith in God and love for his fellow man are a shining example for those of us who remain and who seek the happiness which he enjoyed.

He showed an active interest in his community and in his church. For many years he served as an Elder in the First Presbyterian Church, and he was a past Master of Mount Lebanon Lodge of Wilson.

But the loss is more keenly felt by his associates whose respect for him was sweetened by an affectionate regard. We shall miss his loyal friendship and his wise counsel.

DR. McRAE: The memorial for Dr. Nathaniel Prince Maddux of Asheville, has been prepared by Dr. Cecil A. Pless.

## NATHANIAL PRINCE MADDUX, D.D.S.

1885-1953

Dr. Nathaniel Prince Maddux was born April 28, 1885 at Blackstone, Virginia, and died June 29, 1953. He was the son of Thomas C. and Rosie Mason Maddux. He was married to Mrs. Irene Wheat Richardson of Gaffney, South Carolina, who died twenty years ago.

Dr. Maddux was graduated from Maryland Dental College in 1909. He immediately entered practice of dentistry in New York. He practiced in New York from 1909 until 1912, then he came to Asheville and practiced until the time of his death. During his practice in Asheville, he was a member of the following organizations: American Dental Association, the First District Dental Society, the Buncombe County Dental Society, the Tri-State Dental Society, and the Blue Ridge Dental Society. For a number of years he was secretary-treasurer of the North Carolina Dental Society.

Dr. Maddux was a member of the First Presbyterian Church of Asheville. He was interested in the Mountain Orphanage, and is said to have given liberally toward its support.

Dr. Maddux is survived by two sons, Nat P. Maddux, Jr., and Tommy Maddux, and one stepdaughter, Mrs. Jean Wilson.

For the twenty years that I knew Nat, he was blessed with good health, and an unusual personality. His patients adored him, and became his close friends. Outside of his family, dentistry was his greatest love. His jovial manner will be missed greatly.

DR. McRAE: The memorial for Dr. J. Carter Phillips of Asheville, will be given by Dr. George Carroll.

## JAMES CARTER PHILLIPS

1916-1953

James Carter Phillips was born April 2, 1916, at Ingalls, North Carolina, in Avery County. He graduated in 1934 from Harris High School in Spruce Pine, Mitchell County. After graduating from Mars Hill College, he attended the University of Louisville School of Dentistry. He was a member of Delta Sigma Delta, and was listed in *Who's Who of Colleges*, in 1936.

He graduated from the University School of Dentistry in 1940, with a D.M.D. degree. He spent his first year of practice at the United States Naval Coast Guard Academy at New London, Conn., after which he opened his practice in Biltmore, North Carolina, in 1941, where he enjoyed an exceptionally successful practice.

Dr. Phillips was a member of the A.D.A., the First District Dental Society, the North Carolina State Dental Society, the Southern Academy of Periodontology, the Buncombe County Dental Society, and the Asheville Dental Study Club. Dr. Phillips was a member of the First Baptist Church, a past president of the Cosmic Club.

On August 30, 1953, following a brief illness, James Carter Phillips passed away, at the age of 37. He is survived by his wife, the former

Pauline Moody; a daughter, Rebecca Jo Phillips; a son, James Carter Phillips, Jr.; his mother, Mrs. D. M. Phillips of Spruce Pine; and a brother, Charles W. Phillips of Asheville.

DR. McRAE: The memorial for Dr. Henry Baxter Gibson of West Asheville, has been prepared by Dr. C. M. Beam, of Asheville.

### HENRY BAXTER GIBSON

1877-1953

Dr. Henry Baxter Gibson was born near Gibson, North Carolina, in December 1877. His father was Nelson Gibson; his mother was Katherine Easterling Gibson.

He was educated in private schools and business college, then decided to study dentistry. It was Atlanta Dental College, (now Emory University) that he attended, and graduated in 1905. The same year he located in Red Springs, to begin his practice.

Dr. Gibson was married in 1905 to Miss Ila Humphrey of Lumberton, North Carolina. To them three children were born. Dr. Gibson gave up his practice (around 1930), going into the real estate business, first in Red Springs, and a year or two later in Charlotte. In the early thirties, he was divorced from his first wife. In the late thirties, he was married to Miss Ellen Morrow of Atlanta.

Soon after this time, he decided to return to dental practice again. He took the State Board, and opened an office in West Asheville, where he practiced until his death in March of 1953.

DR. McRAE: The memorial for Dr. Couch of Elkin, will be given by Dr. R. B. Harrell of Elkin.

### LESTER CLAY COUCH, D.D.S.

1887-1953

Dr. L. C. Couch died at his home in Elkin, North Carolina, September 3, 1953, after several weeks of serious illness.

He was born in 1887 in Iredell County, and received his early education in Elkin public schools. He attended Wake Forest College, and then moved to the Baltimore College of Dental Surgery, and graduated there in 1912. The same year he opened his office in Elkin, and practiced there for forty-one years.

He was a member of the First Baptist Church of Elkin. Dr. Couch was an ethical and skillful dentist. His love for sports, especially baseball, tennis and hunting, in which he excelled, was the source of many close friendships.

His warm smile will be long remembered.

DR. McRAE: The memorial for Dr. George G. Herr of Southern Pines, will be given by Dr. Erbie M. Medlin of Aberdeen.

## GEORGE G. HERR

1881-1954

Dr. George G. Herr of Southern Pines, died April 5, after a lifetime of service to the dental profession, his community and state.

He was born in Waterbury, Connecticut, April 13, 1881, graduated from Villanova College and the Dental School of the University of Pennsylvania, and came to Southern Pines in 1903. He was a town commissioner, president of the Southern Pines Chamber of Commerce, and led in civic and business enterprises which contributed to the growth of the town. He served for twenty-one years on the Southern Pines School Board, and for twenty years was its chairman. He helped organize and was an early president of the North Carolina School Board Association.

In his early years in the Sandhills, he maintained offices in both Southern Pines and Pinehurst, and was the only dentist in the area. As his practice grew and other dentists came in, he gave up the Pinehurst office. He served the Samarcand Training School for Girls from the opening of the institution, giving his dental services every week, without charge, to the time of his death.

He is survived by a daughter, Miss Sieger Herr, a student at Duke University, and two brothers in Waterbury, Connecticut.

DR. McRAE: Let us stand for a moment in silent prayer. (*The audience rose and stood in silence.*)

DR. McRAE: O God, the King eternal, who dividest the day from the darkness, and turnest the shadows of death into the morning. Drive far off from us all wrong desires; incline our hearts to keep Thy law, and guide our feet into the way of peace, that having done Thy will with cheerfulness while it was day, we may, when the night cometh, rejoice to give Thee thanks. Through Jesus Christ our Lord. Amen.

PRESIDENT SHEFFIELD: Thank you very much, Dr. McRae.

We are very happy to have as our guests at this opening session of the North Carolina Dental Society, the North Carolina Dental Auxiliary, the North Carolina Dental Assistants' Association, and the North Carolina Dental Hygienists' Association. It is my extreme pleasure to extend greetings to each of these fine organizations, and to extend each of you a most cordial welcome, and to wish for you a most successful meeting. We hope that you can find time to visit other sessions.

At this time I wish to recognize Mrs. T. Edgar Sikes, Sr., of Greensboro, President of the North Carolina Auxiliary.

Mrs. Sikes! (*Applause*)

MRS. T. EDGAR SIKES, SR.: Mr. President Members of the North Carolina Dental Society, the North Carolina Dental Auxiliary, the Dental Hygienists, and the Dental Assistants, and Guests: It is quite an honor and privilege to represent the North Carolina Dental Auxiliary in telling you how very happy we are to have this opportunity to meet with you

at the opening session of your Ninety-Eighth Meeting, and our Fourth Meeting.

Your President, Dr. Sheffield, asked me about a month ago if I had my speech written. I said, "What speech?" "Well, you know, I will call on you at the opening session," he said. Well, gentlemen, calm your fears, for I have no speech. I knew you were going to have all kinds of speeches to listen to here at Pinehurst, and you certainly would not want to listen to me. We pledge to support the members of the North Carolina Dental Society in helping to do such work as may be requested, or approved by the North Carolina Dental Society. We were asked to assist in these projects: Vocational Guidance; Dental Relief Fund, by collecting scrap; and the Dental Foundation Fund.

We have incorporated our assurance that we are ever-willing to help and support you, in any of your undertakings, in the design of our seal, which I hope you all have seen. It is a woman's hand supporting a man's hand, in a clasp that seals this assurance.

I wish to extend to you our appreciation and thanks for giving us space in your journal, for our program, and for all the advice and the many other kindnesses your officers have offered me in planning for this meeting. The Vocational Guidance chairman, Mrs. W. Stewart Peery, could not be here until tomorrow. She has done a splendid job by organizing groups from each district to distribute the brochures that have been issued by the School of Dentistry at Chapel Hill, answering questions concerning your future as a dental assistant, a career for women in dental hygiene, and a career in dentistry. She has also helped in arranging programs for the students, and is cooperating with teachers and others in authority.

I quote from a letter of Dean John Brauer of the School of Dentistry at Chapel Hill, received just a few weeks ago, which speaks for itself on the work done this year:

"The vocational guidance program, activated this year, has been a most productive one, and I have been exceedingly enthused and pleased with the follow-through on the part of many on the committee, throughout the state. I am certain that it will reflect great credit upon our profession in the activation of this program, since it will bring to the minds of our young men and women in the state, the opportunities available to them in the various areas of our professional interest and activities. I am certain it will bring into dentistry members of the finest families of our state, who will continue to raise the standards and stature of dentistry. This is the goal and the objective which the Dental Auxiliary is indeed pursuing."

At this time, Mrs. W. M. Ditto, of Greensboro, chairman of the Amalgam Scrap Drive, will tell you the results of this work.

MRS. W. M. DITTO: Thank you, Mrs. Sikes.

For years, at our house, I have been accused of collecting a lot of junk, and now I am grateful to the Auxiliary for making that title official. We have had a lot of fun collecting the scrap from all over the state, and the dentists have been most cooperative. I wish to thank Dr. Fitz-

gerald and all the members of his committee, and all the members of the Auxiliary, who helped us in collecting the scrap.

At this time I wish to present a check for \$1673.04 to Dr. Fitzgerald. (Applause)

DR. PAUL FITZGERALD: Three years ago the ladies of the Auxiliary very graciously consented to take over the responsibilities of the scrap collection for the relief fund. It has taken them about three years, you might say, to hit their stride. They have surprised me by the work and by the results.

I now wish to thank the other members of the Relief Committee for their work. I wish to thank every member of the North Carolina Dental Society for his part in this. Every man who has taken part in this, I am certain, can hold his head a little higher.

Mrs. Ditto, during the course of life it is inevitable that some of us must lose our dream, some of us must be unfortunate. I am thinking of a young man who is lying flat on his back with tuberculosis in a hospital in the eastern part of the state, who was stricken before he had gotten fairly started in practice. It may be years before he will recover. The results of your labors and the work done by the Auxiliary, your committee especially, makes it possible for him not to want.

And when I think of that man who is there in the hospital, with some of the dreams of his life blighted, I also think of what our Savior said: "He who has done it to the least of these, has done it unto Me."

You have done a noble work this year, and I accept this with the greatest thanks of the North Carolina Dental Society. I thank you. (Applause)

MRS. SIKES: Mrs. Grady Ross, the Chairman of our Dental Foundation, will please come forward.

MRS. GRADY ROSS: Mr. President, Madam President, Members of the North Carolina Dental Society, Members of the North Carolina Dental Auxiliary, and Guests: The memorial service we just heard was most impressive. The record of these men, and of Mother Sikes, who served their community and their profession with humility and honor, will be an inspiration to posterity.

In addition to the Memorial Book, which was presented last year, our first year, we felt the need for a Book of Service, dedicated to the achievements and services of those who are still living and who, by their unselfish devotion to high and noble purposes, exert an influence upon the dental profession today, and upon its future.

The purpose of these dedications, both Memorial and Service, is to add to the sum of the Dental Foundation to develop dentistry to its highest concept in the State of North Carolina. It is practical and permanent, in that it gives every one a chance to do his part for the program organized and established by the dentists of the state, by bringing a plan which is within the reach of all.

I am sorry we do not have a check as large as the Amalgam Scrap Committee chairman had to present. We have only \$1330. Had they let me know they had as much as they have, I think we might have tried

a little bit more and done better. But, Dr. Bumgardner, as President of the Foundation, it is our privilege to hand you this check for the Dental Foundation. (*Applause*)

DR. AMOS BUMGARDNER: On behalf of those who will need it in years to come, and who should share the fruit of these labors, and on behalf of future generations, we hope it will rotate over and over. This is but the beginning of a great service which will inspire the dental profession to continue to do what it did. These good ladies, the auxiliary members, the wives, have made such a noble beginning, which I want to thank you for, and through you, the organization.

Mrs. Ross: Thank you so much.

The members of the committee want to thank the Auxiliary for underwriting the expenses of this work in the amount of \$200. We have endeavored to keep the expenses as low as possible, but with the setting up of the Book of Service, the greater portion has been used. The financial report follows:

## SECOND ANNUAL REPORT: DENTAL FOUNDATION COMMITTEE

<i>First District:</i>	Memorials	Service
Dr. James Alexander Sinclair, Asheville, dedicated by daughter, Mrs. E. S. Chipperfield	\$100.00	
Dr. R. P. Falls, Gastonia, dedicated by widow, Mrs. R. P. Falls	100.00	
Dr. Daniel Edward McConnell, Gastonia, dedicated by widow, Mrs. D. E. McConnell and Dr. A. C. Current	100.00	
Dr. A. C. Current, dedicated by Dr. and Mrs. A. C. Current, Jr.		\$100.00
<i>Second District:</i>		
Dr. Ezra Hamwood Andrews, Charlotte, Second President, N. C. Dental Society, 1857, dedicated by grandchildren, Mr. Charles S. Andrews, Mr. B. N. Andrews, Mrs. Frances Andrews Meyer, Mr. Francis Andrews, Mr. Ezra Preston Andrews, and William Parker Andrews	100.00	
Dr. Harvey C. Henderson, Charlotte, dedicated by members of his family	100.00	
Dr. George Cullen Hull, Charlotte, dedicated by his daughter, Martha Anne Hull Comer	100.00	
Dr. Claude Parks, Winston-Salem, dedicated by Dr. John A. McClung, Dr. W. B. Sherrod, Dr. Lee Roy Thompson, Dr. T. L. Blair, and Dr. Riley Spoon	100.00	
Mrs. Olin Owen, Charlotte, President, Second District Dental Auxiliary, dedicated by Second District Dental Auxiliary		5.00
Mrs. Ralph F. Jarrett, Second President, Charlotte Dental Auxiliary, dedicated by The Charlotte Dental Auxiliary		25.00
Dr. Amos S. Bumgardner, Charlotte, by children Anne, Amos, Jr., and Howard		100.00
Dr. Frank O. Alford, Charlotte, dedicated by friends		100.00
<i>Third District:</i>		
Mrs. T. H. Sikes, Greensboro, Charter Member, N. C. Dental Auxiliary, dedicated by daughter-in-law Mrs. T. E. Sikes	100.00	

*Fourth District:*

To the deceased dentists of Raleigh, dedicated by the  
Raleigh Dental Society 100.00

*Fifth District:*

Dr. Clyde Minges, Rocky Mount, dedicated by grand-  
nephew Clyde Coyte Minges 100.00

*Special:*

Mrs. John A. McClung, Winston-Salem, First Presi-  
dent of Auxiliary, dedicated by N. C. Dental  
Auxiliary 100.00

\$900.00      \$530.00

TOTAL AMOUNT: \$1430.00

	Receipts	Disbursements
Nine Memorial dedications	\$ 900.00	\$ 900.00
Three plus Service dedications	530.00	530.00
N. C. Dental Auxiliary, expenses	200.00	
Crystalite leaves for book		10.30
White Book of Service		18.54
Mr. Kenneth Whitsett		
Work on Book of Service		65.00
Pictorial Engraving Company		
Etchings for Book of Service—2		9.45
Pictorial Engraving Company		
Etching for Book of Service		3.65
Photostats, Memorial Book, Torrence Company		2.85
Photostats, Memorial Book, Torrence Company		5.35
Thirteen dedications @ \$5. each		65.00
Cash on Hand		19.86
	<u>\$1430.00</u>	<u>\$1430.00</u>

MRS. ROSS (*continuing*): We will go, now, to the next matter, which I consider of a great deal of importance.

Knowing that Dr. A. C. Current of Gastonia, could design and make a cabinet of beauty and usefulness, I requested that he make one in which the Memorial Book could be permanently placed. Despite his illness, his work was completed, and it is my pleasure to present it, as a gift made from the Auxiliary, through the Foundation Committee, to the North Carolina Dental Auxiliary.

This is an inlaid cabinet of glass, the top of which can be removed in order to see the books in their entirety. It is on a graceful, walnut pedestal, and under the books the following has been inscribed:

"In 1953, under the leadership of Mrs. Henry O. Lineberger, President, the N. C. Dental Auxiliary decided to set up a Dental Foundation Committee to further the interests of the Dental Foundation of North Carolina, Incorporated. Mrs. Grady Ross, Chairman of the Dental Foundation Committee, brought out the idea of a cabinet-memorial-bookstand. This became a reality when Dr. A. C. Current, in support of Mrs. Ross' efforts, and during her term of office, made the proposed memorial stand.

"Mrs. Edgar Sikes, 1954 President of the N. C. Dental Auxiliary, presented this cabinet-memorial-bookstand to the Dental Foundation of N. C. Incorporated, in May 1954.

"This gift was received for the Dental Foundation by Dr. John C. Brauer, Secretary of the Foundation, and Dean of the School of Dentistry, University of North Carolina."

The workmanship on the cabinet is flawless, but the love, loyalty, and devotion which prompted the giving of this gift, is tribute to the Auxiliary members and to the Dental Foundation by one who was inspired to give us his best.

It gives me the greatest pleasure and the utmost satisfaction to present this cabinet to the Auxiliary from Dr. Current, Mrs. Sikes. *(Applause)*

MRS. SIKES: In the name of the Auxiliary, I wish to extend our deepest appreciation to Dr. Current for this beautiful piece of handiwork.

Dr. Brauer, I wish to present it to you, to see that a place is selected at the School of Dentistry, where this will be set up as you desire.

DEAN JOHN C. BRAUER: Mrs. Sikes, President of the Ladies Auxiliary, and Mrs. Ross: On behalf of the University of North Carolina and the School of Dentistry and the Dental Foundation of North Carolina, I do accept this wonderful masterpiece, designed and created by Dr. Eddie Current.

It is indeed a masterpiece. Eddie spent many hundreds of hours developing this very beautiful piece, which will live not only tomorrow, but after you and I have gone—all of us have gone—in this room. This will always continue to live. As we place this in the front line of the School of Dentistry, appropriately positioned, I am sure that all of us who pass this particular masterpiece, will recognize it as such.

It has been said many times that the only thing you can take with you, is what you have given to others. In reality, this is Eddie's gift not to the School of Dentistry, not to the University of North Carolina, but to the profession. It exemplifies far more than any one of us can vision or dream, in this audience, or within the profession. And it is within this spirit, with this deep sincerity of appreciation, that I accept this contribution to our profession.

Thank you. *(Applause)*

PRESIDENT SHEFFIELD: Thank you very much, Mrs. Sikes and Dean Brauer.

The next person that I will present, is Mrs. Lucille Williams of Gastonia, President of the North Carolina Dental Hygienists' Association. She has a word of greeting for us.

*(Applause)*

MRS. LUCILLE WILLIAMS: Mr. Chairman, Members of the North Carolina Dental Society, and Honored Guests: It is indeed a pleasure for me to bring greetings to you from our association. It is our hope that you will accept a very cordial invitation to attend any part of our meeting at this time, and know that you are most welcome.

Thank you. *(Applause)*

PRESIDENT SHEFFIELD: Thank you very much, Mrs. Williams.

It is my pleasure at this time to present the president of the North Carolina Dental Assistants' Association, Miss Edna Zedaker, of Charlotte.

We will be glad to hear from her at this time. I believe Miss Zedaker has a guest, and I will ask her to present her guest.

MISS EDNA ZEDAKER: Mr. President, Members of the North Carolina Dental Society, the North Carolina Dental Auxiliary, the North Carolina Dental Hygienists' Association: I bring you greetings from the North Carolina Dental Assistants' Association. I wish to extend an invitation to you, to visit us at any time. I extend a special invitation to attend our banquet to be given tomorrow night at the Pinehurst Country Club.

It is with a good deal of pleasure that I introduce to you the President of the American Dental Assistants' Association, Mrs. Lillian Hoffman of Akron, Ohio. (*Applause*)

MRS. LILLIAN HOFFMAN: Gentlemen: Your southern hospitality is so wonderful, that when my invitation came, I could not refuse it. I had the very delightful experience of enjoying your meeting with you two years ago, and now, again, it is my pleasure to be here.

It is a privilege for me to bring greetings to you from the American Dental Assistants' Association. I wish for you, the members of the North Carolina Dental Assistants' Association, the North Carolina Dental Hygienists' Association, the North Carolina Dental Auxiliary, and the North Carolina Dental Society, a most successful meeting.

Thank you. (*Applause*)

PRESIDENT SHEFFIELD: Thank you very much, Miss Zedaker and Mrs. Hoffman.

At this time I should like to recognize the Secretary, who has some announcements to make.

SECRETARY COFFEY: I have a very special announcement here, the one we have looked forward to for some time:

Chancellor R. B. House and Dean John C. Brauer, of the University of North Carolina, extend a most cordial invitation to all members of the North Carolina Dental Society, and their families, to attend the graduating exercises of the first class of the Dental School at the University of North Carolina, which is to be held at seven o'clock on June 7.

We have notice of a change in the program, for tomorrow. It is imperative that the morning session begins on time, promptly at nine o'clock. This is necessary because of the following change in the program: Dr. Pankey will be heard at eleven o'clock, instead of at eleven-thirty. At twelve o'clock, noon, Chancellor R. B. House of the University, and Major L. P. McLendon, Chairman of the Health Affairs Committee of the Trustees of the University, will be heard. Their subject for discussion will be, "The Affairs of the Dental School at the University."

Immediately following this meeting, the House of Delegates will meet in the card room.

Thank you.

PRESIDENT SHEFFIELD: Thank you very much, Dr. Coffey.

This first session of the North Carolina Dental Society's meeting will now stand adjourned until tomorrow at nine o'clock.

(The meeting adjourned at 9:05 p. m.)



Retiring President Neal Sheffield hands the gavel to President Bernard Walker while Horace Thompson, Vice President; Ralph Coffey, Secretary-Treasurer; and J. W. Branham, President Elect watch with interest.

## HOUSE OF DELEGATES

*First Session*

SUNDAY, MAY 16, 1954

The first meeting of the House of Delegates was called to order at nine-thirty p.m., President Sheffield presiding.

PRESIDENT SHEFFIELD: It is now time for us to begin the meeting of the House of Delegates.

We will ask the Secretary to please call the roll, so that we may determine whether or not we have a quorum.

(The roll call showed the following members present:)

*Officers*

Neal Sheffield, President  
B. N. Walker, President-Elect  
Wade Breeland, Vice-President  
Ralph Coffey, Secretary-Treasurer

*Executive Committee*

C. C. Poindexter  
I. R. Self  
Paul Fitzgerald, Sr.

*Ethics Committee*

R. H. Chamblee  
A. W. Bottoms  
Clyde Minges  
J. A. McClung  
Paul Fitzgerald, Jr.

*State Board of Examiners*

C. W. Sanders  
D. J. Eure

*First District*

Pearce Roberts  
S. H. Isenhower  
C. C. Diercks  
Ralph Falls  
Moultrie Truluck

*Second District*

O. W. Owen  
Riley E. Spoon  
C. R. Helsabeck  
Burke Fox  
Joe V. Davis, Jr.

*Third District*

George F. Kirkland, Jr.  
S. W. Shaffer  
W. T. Burns  
Guy R. Willis  
M. L. Cherry

*Fourth District*

S. B. Towler  
Howard Branch  
Walter Finch  
J. E. Swindell  
Alex Pearson

*Fifth District*

Coyte R. Minges  
M. M. Lilley  
Fred Hunt  
R. A. Daniels, Jr.  
Z. L. Edwards, Sr.

PRESIDENT SHEFFIELD: I now declare that we have a quorum of the first session of the House of Delegates.

The House of Delegates will come to order.

We are open to receive reports and any other business that might come before this group.

The chair recognizes Dr. Ernest Branch, Chairman of the Council on Dental Health.

DR. ERNEST A. BRANCH: As some of you fellows may remember, with the exception of two years, I have been making this report for over twenty-five years. That's a powerful long time for one man to make the same report on the same outfit. However, we are particularly interested in dental health, and in representing your committee. We have tried to put in this report something that we hope you folks will believe in, sooner or later, if you don't now.

I want to beg your indulgence, as this is a three-page report.

## REPORT OF COUNCIL ON DENTAL HEALTH

The Council on Dental Health accepts the following principle adopted by the House of Delegates of the American Dental Association at its 1953 Annual Session:

Public health services are directed toward attempts to help people to help themselves, and are concerned with the promotion of optimum health and the prevention of disease among all segments of the population.

We recognize a need of helping people to help themselves improve their dental health. Surveys show that approximately 85 per cent of our children of elementary and high school age need dental attention. Among the first to recognize and show real concern over the dental health needs was organized dentistry. As far back as 1918, the North Carolina Dental Society recommended that dentistry be included in the public health program of the state. And ever since that date, the dentists of the state have endorsed, supported, and promoted, many measures for meeting the dental health needs of the people.

We realize that the needs cannot be met, and, therefore must be reduced. Thanks to dental research, effective measures have been found for the prevention of dental caries. Fluoridation is the most spectacular of these. Here, again, the North Carolina Dental Society has led in advocating the adoption by municipalities of this preventive procedure which, by restoring to the water, in the proper proportion, a nutritionally essential element, reduces the incidence of tooth decay.

There was much interest and activity in regard to the fluoridation of municipal water supplies during 1953. The director of the Oral Hygiene Division met with many groups of dentists, civic clubs, parent-teacher associations, and municipal governing bodies in regard to the adoption of this public health procedure. A series of articles on fluoridation was made available to many of the newspapers of the state. Literature on the subject was also supplied to local health departments and other agencies promoting the measure in their communities. During 1953, five towns were added to the number of communities adding fluorides to their water supplies, bringing the total to sixteen. The combined population of these towns is well over 600,000. We hope that by the end of 1954 at least one million North Carolinians will be enjoying the benefits of fluoridation.

Fluoridation, however, will not benefit to an appreciable extent the dental health of the rural groups. In time, it may benefit them indirectly by releasing to them more dental service. For children in rural areas, the topical application of sodium fluoride to the teeth is recommended.

Fortunately, there is yet another effective defense measure: this is EDUCATION—dental health education as to proper home care, diet control, and the value of early and regular professional care. Recent research in the field confirms and reinforces our belief in the values to be derived from brushing the teeth as soon as possible after eating, and from temperance in the consumption of sweets. These are relatively simple preventive practices which can be acquired by every individual and, indeed, are matters over which only the individual has control. Too much emphasis cannot be placed on the fact that good health depends largely upon the individual acceptance of personal responsibility. It is our duty to educate people to appreciate good dental health, and to know these protective measures. This philosophy is well expressed in the following statement from the report of the President's Commission on the Health Needs of the Nation:

The individual effort of an informed person will do more for his health and that of his family, than all of the things which can be done for them.

As we see it, then, we must increase our educational efforts and activities and, in so far as is possible, help to provide for the early detection and correction of dental defects for the underprivileged. It is generally agreed that, with limited resources as to personnel, concentrating our efforts in the elementary schools will yield the greatest returns. This will call for more dentists who will specialize in dentistry for children.

The progress being made in dental health education in the classrooms, is gratifying. The dentists on the staff of the Division of Oral Hygiene taught mouth health to 63,923 children in their own classrooms during the year 1953, and classroom teachers are including dental health instruction in their programs.

There is great need for more public health dentists to go into the schools. The public health dentist, trained in children's dentistry and in child psychology, can go into the schools and teach mouth health didactically and through demonstration—and by his very presence in the school. Each step of his procedure—making friends with the children in their classrooms; inspecting the mouths of all the children; referring the privileged children to their family dentists; and making the necessary dental corrections for the underprivileged children—has educational value.

Of course, the children who receive the dental corrections are greatly benefited. During the year 1953 the number worked for by the state school dentists in North Carolina was 24,246. Receiving equal, if not greater benefits from the program, were the 32,556 referred children for they were being helped to help themselves.

Inasmuch as there are not enough public health dentists to meet the needs, the dentists in private practice are cooperating by working for underprivileged children on an hourly basis, at a financial concession. This is another instance of your willingness to help in improving dental health conditions.

As a means of furthering dental health education, several new exhibits were designed, built, and presented during the year. They were displayed at the annual meetings of the North Carolina Public Health Association, at the openings of several new County Health Centers, and at the district meetings of the North Carolina Education Association. The exhibits at the teachers' meetings stimulated widespread use of our dental health education material. This material is supplied to the teachers, without cost to them, upon request. We are glad to report that many teachers appreciate and avail themselves of this service.

In a special effort to make the people of North Carolina mouth health conscious, and, particularly, to impress on parents the importance of taking care of their children's dental health needs and to give them the needed information for doing so, a series of newspaper articles was written by the director of the Oral Hygiene Division. Under the sponsorship of the Council on Dental Health of the North Carolina Dental Society, this series was published in the Sunday editions of the leading daily newspapers of the state, and in many of the weekly newspapers. It was estimated that the papers carrying the releases had a combined circulation of over 750,000. We have reason to believe that the articles were widely read and well received.

We want to thank the members of the North Carolina Dental Society for their cooperation, and to express the hope that we will all continue our efforts to improve the dental health conditions of the people of our state.

Respectfully submitted:

C. S. Caldwell

E. W. Connell

R. L. Whitehurst

Sam Bobbitt

Ernest A. Branch, *Chairman*

PRESIDENT SHEFFIELD: Gentlemen, you have heard the reading of the report from the Council on Dental Health. What is your pleasure in the matter?

DR. Z. L. EDWARDS: I move its acceptance.

DR. PAUL FITZGERALD: I second the motion.

*(The motion was put to a vote, and carried.)*

PRESIDENT SHEFFIELD: I now recognize the Chairman of the Program Committee.

DR. C. H. TEAGUE: Mr. President, this is one report that I do not think it is necessary to make, as the program is the substance of our work.

I will say this: your Program Committee held its first meeting with the Executive Committee at Greensboro on July 12, 1953, for a discussion on program policies and arranging for the 1954 meeting. A thorough discussion of subjects to be presented, and choice of essayists, was made at that time.

A preliminary program was submitted to the Executive Committee for their study at a meeting at Raleigh, October 26, 1953, and the completed program at Pinehurst, February 14, 1954, which appeared in the last issue of the JOURNAL.

Every effort has been made to bring you a well balanced program, with men who are outstanding in their respective fields, and who are well qualified to present their subjects. To them we wish to express our appreciation.

We hope our efforts meet your approval, and that you will find this program most interesting and beneficial.

Mr. Chairman, I recommend this program be adopted.

*(The motion was seconded, put to a vote, and was carried.)*

PRESIDENT SHEFFIELD: I now recognize Dr. Grover C. Hunter, Jr., Chairman of the Caries Committee.

### REPORT OF THE CARIES COMMITTEE

The Caries Committee of the North Carolina Dental Society met in Pinehurst, North Carolina, at the Carolina Hotel, February 14, 1954, at 11:00 a.m. Those present were Zeno Edwards, Jr., Ross Pringle, A. C. Current, Jr., and Grover C. Hunter, Jr.

The following recommendations were drawn up to submit to the North Carolina Dental Society.

"1. The committee recommends the dissemination of dietary and nutritional material on a broad basis of general health, with special attention to the need for decreasing the total refined carbohydrate intake in relation to dental health and dental caries. It is suggested that this program be coordinated with related committees and officers of the various medical societies, with the advisory School Health Committee of the North Carolina Dental Society, and with the officers of the various local and state boards of health. It is also suggested that we begin the program first within our own groups, and organizations, before attempting to enlist the aid of outside groups and organizations."

"2. The committee recommends that the University of North Carolina activate a salivary count analysis available to the dentists of North Carolina at the earliest practicable date."

The following resolutions were drawn up and submitted to the Committee on Resolutions of the North Carolina Dental Society:

"1. It is resolved that the North Carolina Dental Society through its representation in the American Dental Association, voices protests against the false claims of commercial advertisers on radio, television, and other advertising mediums as regards caries-prevention remedies, and refer the matter to the proper channels.

"2. It is resolved that the North Carolina Dental Society, through its representations in the American Dental Association, recommend the establishment of a Dental Caries Foundation, with the purpose of promoting basic research in this field of dental pathology."

Grover C. Hunter, Jr., *Chairman*

PRESIDENT SHEFFIELD: Gentlemen, you have heard the report of the Caries Committee. What is your pleasure?

DR. R. H. CHAMBLEE: I move its adoption.

*(The motion was seconded, put to a vote, and was carried.)*

PRESIDENT SHEFFIELD: Gentlemen, are there any other reports at this time?

DR. W. W. RANKIN: I have a report, sir.

## REPORT OF EXTENSION COURSE COMMITTEE

The Fourth District Dental Society decided at its last meeting in October 1953, to begin a program of postgraduate courses. A committee was appointed consisting of Drs. L. M. Massey, Fred Hale, and L. J. Moore, to work out these courses with Dr. Brauer and the Extension Department of the University of North Carolina.

After one or two meetings in Raleigh last fall, with Dr. Claude Parks, state chairman, Dr. L. G. Coble, and various committee members, the plan agreed upon was to initiate the extension post-graduate courses at Raleigh and Fayetteville, as a sort of pilot program, to determine the desires of the profession with reference to this type of program.

Medicine, of course, has for several years been active in such extension programs. Although they have brought in some men from out of state, to assist in these programs, since the establishment of the School of Medicine at Chapel Hill, most of the programs have been activated by faculty members of the School of Medicine.

Two types of courses were made available to the Fourth District. Plan I consisted of a series of six different subjects presented at monthly intervals. Plan II permitted a coverage of six lectures, three hours each, wherein one particular field was emphasized. Since there seemed to be more interest in Plan I, Plan II was not used this year. The attendance at the Raleigh meetings and at the Fayetteville meetings has been minimal in the main. In all probability, the time of the announcement and the plans of the dentists in the area, did not permit full enrollment or a full expression of interest.

The faculty of the School of Dentistry has made no further plans for the activation of additional courses in any area of the state. However, Dean Brauer assures us that his faculty will be glad to discuss further plans with other districts, should that become desirable.

W. W. Rankin, *Acting Chairman*

J. H. Hughes

J. P. Bingham

D. S. Cook

L. G. Coble

John C. Brauer

Gentlemen, I should like to say, at this time, that your committee does recommend this post-graduate work. We have tried this out in the Fourth District, last fall, and we feel like you would be interested in it, particularly since you have enough time to discuss it. You can work through Dean Brauer, and you can find out who your commissioners are, ahead of time, if you wish. If any of you district officers are interested in having this extension course in your own district, please contact Dean Brauer, he will be glad to discuss it with you.

PRESIDENT SHEFFIELD: Thank you very much.

DR. PAUL FITZGERALD: I move to accept this report.

DR. RALPH COFFEY: I second the motion.

*(The motion was put to a vote, and was carried.)*

DEAN JOHN C. BRAUER: Mr. President, Gentlemen: I am ready to present my report.

## PUBLIC RELATIONS AND FLUORIDATION COMMITTEE

*Fluoridation Program:* In general, there has been a progressive, favorable interest in the fluoridation program in communities throughout the state. Dr. Ernest A. Branch, Director, Dental Division, State Department of Health, in a letter of May 7, 1954, listed the following communities now adding fluorides to their public water supplies:

Charlotte	Dunn
Winston-Salem	Rockingham
Concord	Rocky Mount
Salisbury	High Point
Fayetteville	Hickory
Greensboro	Lexington
Lenoir	Reidsville
Roanoke Rapids	Lumberton
Southern Pines	Shelby

The following applications also have been approved by the State Department of Health:

1. Albemarle
2. Sylva
3. Tarboro
4. Wilson

In addition to the above, Dr. C. A. Pless, of Asheville, May 27, 1953, stated in a letter,

The Asheville paper gave a front-page headline this morning, announcing the fact that a fluoridation system would be installed at the time the water lines are hooked up with the new dam.

To date, the chairman of this committee has no further information as to the state of activation of this project.

Of major interest to this committee and to the dentists of the state, is the formation of a corporation, "The Fluoridation Educational Society of the Carolinas, Inc.," with principal offices in Charlotte. The following news article appeared in THE DURHAM SUN, April 27, 1954:

"John Sprunt Hill and Dr. E. C. Brown, local chiropractor, are two of the three subscribers of The Fluoridation Educational Society of the Carolinas, Inc., with principal offices in Charlotte. Both Hill and Dr. Brown publicly have opposed attempts to have fluoride put in Durham's public water supply. Such a proposal twice has been defeated in the City Council since 1951. Dr. Ralph D. Clements of Raleigh, a dentist, is the third subscriber. The nonstock-nonprofit organization, which obtained certificate of incorporation yesterday, was given rights to obtain and disseminate information and research data concerning the fluoridation and mass medication of public water supplies. 'The idea (of the organization) is to give both sides of fluoridation and other tested uses of fluoride to prevent cavities in teeth,' Dr. Brown said today. There are twelve incorporators in the society, Dr. Brown said. They include two other dentists, Drs. Dick H. Erwin and J. Ross Pringle, both of Greensboro, and a medical doctor, Dr. J. B. Henson, Jr., also of Greensboro, Dr. Brown said. The other incorporators are: Luther M. Creel of Charlotte, Rose M. Lemert and J. Grover Lee, both of Durham; Luella K. Erwin of Greensboro, J. E. Cox and Floyd I. Harper, Jr., both of Charlotte."

The above-cited corporation, with substantial financial backing, warrants the full attention of the officers of the State Society, all dentists of the state, and all interested citizens.

*Public Relations Program:* This program, from the committee's point of view, this year featured "National Child Dental Health Day." Three

television programs were presented by members of our profession in Charlotte, Greensboro, and Raleigh. In addition, there were state-wide news releases, and miscellaneous civic club and radio appearances.

Of great significance to our profession and to the public is the splendid work of the Dental Auxiliary, which has set up a state-wide vocational guidance program. The Auxiliary's state-wide committees have contacted high school vocational guidance supervisors or directors, and arranged for meetings relating to a "Career in Dentistry," and a "Career in Dental Hygiene." There is no finer service that the Auxiliary can render to our profession.

The committee and the School of Dentistry have made available pamphlets for such vocational guidance.

*Educational Television:* A new educational television station now is being built with the central station in Chapel Hill, and with substations at the Greensboro Women's College, and at State College in Raleigh. More than one million dollars has been raised from private funds for the activation of this station, assigned to Channel 4.

The University already has procured some of the country's finest talent for the development of programs. The University Committee and the Dental School Committee have met on several occasions for the planning activation of the station and programs this coming fall. Dentistry will be afforded an appreciable amount of time, in general, with one-half hour programs. There will be no advertising material on the programs and, accordingly, time cannot be purchased. It will remain educational in all areas.

This new educational T. V. station will have 100,000 watts, and have an effective 100-mile radius. To date, one out of three families in North Carolina has a television set, namely, about 350,000 sets. This station will reach about one million people. This new educational medium affords dentistry its greatest opportunity and its greatest challenge. High type, effective educational programs must be developed to meet the competition afforded by other (commercial) programs. Such programs must be well-designed and planned with expert directors. They must be in full competition with the commercial stations. They cannot be two-bit programs; they cannot be unrehearsed programs. They must be on the highest caliber of professional level.

I firmly believe we have one of the greatest opportunities that has ever been afforded dentistry, through this medium. My only concern is that we have vision and the dynamics of thought to put this story across to the great American public. We will not have one half-hour, but we will have many hours during the course of the months and the years to come. I think we need, all of us, to put our heads together to develop the kind of programs that we want to have emanate out into the thousands of homes, as we said a moment ago, which we can reach from this particular station. They number about one million people.

We have a Greater University Television Committee. We have a television committee at each of our respective three units. Then, we have the schools' committee. I am extremely pleased to say that Dr. Demeritt hit upon an idea which really was a ringier. It is something like this:

During our national hookups, we have for our football games and our baseball series, and so on, we have Gillette with its various advertisements, and so on, with some spot announcements. So Dr. Demeritt proposed to the Greater University Committee that we also have spot announcements at our broadcasts. For example, the football games could have them. We know that there is a ruling within the conference that the television shows cannot go out directly, as the game proceeds, but there must be a certain number of hours subsequent to the hours of play. However, as these programs are televised, we will have available spot announcements for dentistry and we will have at least three spots at the beginning, at the middle, and at the end.

Our greatest problem, at the moment, is to find enough key points relating to dentistry, for the entire athletic series this coming year, starting this fall. I think dentistry has one of the finest and greatest opportunities that we have ever had, to put that story across. (*Applause*)

The following are the recommendations of this committee.

*Recommendations:* With the formation of the new corporation, "The Fluoridation Education Society of the Carolinas, Inc.," and the need for further activation and development of the Public Relations programs, it is recommended that two committees be designated, namely, one relating to Fluoridation and the other to Public Relations. It is recommended that the personnel of the Public Relations Committee, in addition to their usual interests, be advisors in the television programs to be developed at the University, and throughout the state.

C. A. Pless, Chairman, First District  
O. R. Hodgin, Chairman, Second District  
F. E. Gillam, Chairman, Third District  
H. R. Chamblee, Chairman, Fourth District  
Z. L. Edwards, Chairman, Fifth District  
John C. Brauer, Committee Chairman

I now present our Statement of Expenditures, of the Public Relations and Fluoridation Committee

Deposited to Account October 21, 1953 .....\$100.00

*Expenditures*

Duplicating Services .....	\$2.57	
Typing Services .....	4.00	
Telephone Calls .....	1.90	
Total Expenditures .....	\$8.47	8.47

Unexpended Balance	\$ 91.53
Films Rented for T. V.	6.00

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\$ 85.53

President Sheffield telephoned me several days ago, and relating to the Wier Bill that has been introduced into Congress, suggested that our committee also set forth some resolutions for your consideration. We have brought such resolutions, and can transmit them through the proper committee, the Resolutions Committee, or whatever your desires are. Our committee, composed of the same members that we indicated a little while ago, directed these resolutions:

"WHEREAS, the Wier Bill, H. R. 2341, which proposes to prohibit the fluoridation of community water supplies throughout the nation, and scheduled for public hearing at Washington, D. C., for May 25, 26, and 27; and

"WHEREAS, in 1953 the American Dental Association recommended the fluoridation of public water supplies as a safe and effective procedure for reducing the incidence of dental caries; and

"WHEREAS, this recommendation was based on an accumulation of many years of careful study and scientific research by competent individuals and groups; and

"WHEREAS, the Councils on Dental Health, Dental Research and Dental Therapeutics of the American Dental Association have continued to evaluate all available evidence relating to the fluoridation of communal water supplies; and

"WHEREAS, all additional scientific findings have served to substantiate further the effectiveness and safety of fluoridation under properly-controlled conditions; and

"WHEREAS, this evidence continues to demonstrate that fluoridation will have no untoward effect on general health, and will significantly improve health through the reduction of dental decay; and

"WHEREAS, the North Carolina Dental Society and State Department of Health have endorsed and encouraged the fluoridation of communal water supplies; therefore, be it

"RESOLVED, That the House of Delegates of the North Carolina Dental Society reiterate its recommendation that all local communities be urged to adjust the fluoride content of their public water supplies to the level recommended by responsible state and local health authorities, and that a copy of this resolution be forwarded by the Secretary of the North Carolina Dental Society to the Hon. Charles A. Wolverton, Chairman, Interstate and Foreign Commerce Committee, House of Representatives, Washington, D. C., and to each of the state's Senators and Representatives in Washington, D. C."

The above resolution is submitted by the Public Relations and Fluoridation Committee of the North Carolina Dental Society.

John C. Brauer, *Chairman*

C. A. Pless

O. R. Hodgkin

F. E. Gilliam

H. R. Chamblee

Z. L. Edwards

PRESIDENT SHEFFIELD: Thank you very much, Dr. Brauer.

You have heard the report of the Fluoridation and Public Relations Committee. What is your pleasure in this matter, gentlemen?

DR. FRED HUNT: I move its adoption.

DR. C. W. SANDERS: I second the motion.

DR. PAUL JONES: Many of us know that immediately after the Wier Bill was introduced into Congress, our liaison service, as maintained by the Council on Legislation, out of the Central Office in Chicago, got busy to have some letters sent in from the different areas. I thought it would be well to mention that here, tonight, because I am sure many of you here have had these requests to send in these letters.

We do not want that to include only our members, the official appointees in the liaison service. We want all members of dentistry who are interested in this program, to send letters to their Congressmen, too. I think that that will be tremendously effective.

While I am talking about this very thing, I have already been approached, as a State Senator, as to what my reaction is going to be in regard to our state-wide act, here, to prohibit the addition of any substance to municipal water supplies—referring principally and primarily to fluoridation of water. It was done by one of the incorporators of this new concern, too, here tonight, so I just wanted the Society put wise to what was going on. We might just as well prepare to make a fight on the state level, also, because I think that, perhaps, this organization is going to have enough behind it to put on a very good—a right good—fight. And they have some right good arguments that they can put before lay people, which may be effective.

For those reasons, I think we had better have our professional arguments all organized, so we can be prepared to meet theirs.

DR. S. E. MOSER: I know that probably you have to have something official, John, before you can announce Gastonia as being a part of this system, but Gastonia is in—the Medical Society and the County Medical Department of Health approved this thing a year ago. Our machinery has been set up and we are probably having the fluoridation of our water supply now.

However, it has been our policy, or it is our policy, not to announce it for at least thirty days, because so many people (the opponents, and there are a few) would call up and say that somebody is afraid to drink our water, that it tastes terrible.

*(Off the record.)*

PRESIDENT SHEFFIELD: Is there any further discussion on the Flouridation and Public Relations Committee Report?

DR. R. H. CHAMBLEE: Whatever we do, we should do in a right big hurry since the hearings begin on the twenty-fifth of this month. I might say that those who are opposed to fluoridation of our waters, are very, very active.

PRESIDENT SHEFFIELD: I want to say that probably tomorrow we will have another announcement, to be made before the general session. We want it clearly understood by each member that we are anxious for them to get their views to their Senators and Congressmen in the very near future. I might say that tomorrow we will have a secretarial service, probably over in the Tap room. There will be a young lady there who will be available if any of you should want to write letters at that time.

DR. JOHN C. BRAUER: Dr. Branch made an excellent suggestion here, that we send a copy of this resolution to the American Dental Association's own committee. I should like to include that in my report.

PRESIDENT SHEFFIELD: Gentlemen, is there any further discussion on this report? *(No response voiced.)*

It has been moved and seconded that this report be received. Let us vote on it.

*(The motion was put to a vote, and was carried.)*

DR. Z. L. EDWARDS: I will present my report now.

#### REPORT OF THE ADVISORY COMMITTEE TO THE SCHOOL HEALTH COORDINATING SERVICE

This committee regrets to report that in so far as concrete results are concerned, we have little to report for our efforts during the past year. Immediately following the adjournment of our 1953 annual convention, we proceeded in an effort to carry out the instructions and the recommendations of the House of Delegates.

In view of past experiences and observations, our committee felt justified in assuming that many of the weaknesses, errors and misunderstandings that had been experienced during the operation of the School

Health Program, could have been avoided had there been more thorough discussions between those who render the professional services, and the responsible heads of the program. This conclusion was reached after making a short review of the program from its beginning in July of 1949 to this date. We found that in spite of a dental plan approved by the Executive Committee in 1952, which plan was agreed to and signed by a representative of the School Health Coordinating Service, a representative of the State Health Department, and the Director of the Division of Oral Hygiene, no effort was ever made by the authorities to put the agreement into effect.

Furthermore, in spite of subsequent recommendations of the North Carolina Dental Society at its last annual convention, no satisfactory, overall, state-wide plan is being observed, nor has there been exhibited any sign of a desire, inclination or intent on the part of the policy makers of the program, to put into effect any of our suggestions or official recommendations.

In view of these findings, our committee felt that the matter was of sufficient importance as to merit, to require top-level consideration by those who had the authority to make and to execute final decisions. Therefore, we requested a conference with the two responsible heads of the School Health Coordinating Service, Dr. Carroll, State Superintendent of Schools, and Dr. J. W. R. Norton, State Health Officer, for the purpose of again presenting the official views of this organization regarding the School Health Program, and to make an effort to elicit from them some official reaction.

The conference was arranged, at which time there were present officers of our Society, members of the Executive Committee, members of the Advisory Committee, and several other interested members of the North Carolina Dental Society. Present, also, upon invitation by the School Health Coordinating Service, were a number of Health Officers and School Superintendents who, by their remarks, gave us the impression, rightly or wrongly, that they had been briefed on the subject prior to the meeting, and were in a mood and inclined to consider and discuss only the good that had been derived from the program, and not to recognize but to ignore the bad and disagreeable features of the policies under which the program was being administered.

Both Dr. Carroll and Dr. Norton, in their discussion, never once admitted that there are any defects in the present planning, nor did they indicate by word or action that any of this Society's recommendations were worthy of serious consideration by the authorities. In order to justify present policies, they laid special emphasis on the importance of local autonomy and flexibility in the administration of the program.

Now, this committee recognizes the desirability of and the need for some flexibility in the operation of the program, in order to take care of unusual and hardship cases. However, in the light of facts before us, based on experiences and observations, we cannot escape the conclusion that the policies under which the present program is being administered permit flexibility to the extreme. We feel that any policy that permits each county, city, or community, to adopt its own plan and apply its own rules with respect to procedure, method and amount of compensation, and without strict and enforceable rules in the selection of the recipients of the services, and without some definite understanding as to the limit, type, and scope of services to be rendered, will result in confusion, unjustifiable expenditures, and dissatisfaction on the part of all parties concerned. Without these safeguards, there will be too many opportunities for abuse of the program. To contend that a reasonable, overall, state-wide plan cannot be effective and successful, is to deny the success of the plan of the Veterans Administration and the North Carolina Industrial Commission, under which these agencies of government have been operating reasonably successfully for a number of years. Even insurance companies that provide coverage of certain surgical benefits stipulate in their contracts certain and uniform fees for each operation.

Now, this committee realizes that it is not humanly possible to devise a plan that would be satisfactory to everyone. We do not advocate, nor would we be so foolish as to suggest, that the dentists of this state even consider adopting any such plan, as suggested by us, in the conduct of their normal and regular practices. We hope that you realize that in this School Health program we are faced with an unusual situation in that the state has made available tax dollars in the budget of an agency of government, other than that of the Division of Oral Hygiene, not for the purpose of furthering a program of public health dentistry as we have known it heretofore, but for the purpose of employing private practitioners to engage in a program of purely dental corrections. This is a distinct departure from our traditionally accepted concept of Public Health Dentistry in that the emphasis is placed on corrections instead of where it should be, viz., education and prevention. Call it by any name you choose, it is purely state dentistry.

We feel that when we proclaim our opposition to socialized dentistry on a national scale, we should be consistent in opposing similar schemes wherever they raise their ugly heads. We have little patience with those who are ready to scream in holy horror "socialism" when such national issues as Compulsory Health Insurance and Social Security coverage for self-employed dentists are suggested in the Congress of the United States, and when many of these individuals give their services and contribute their money to a lobbying fund in an effort to defeat national legislation, alleged to be socialistic, and then close their eyes and refuse to see what is happening in their own state and community.

The important reason why we recommend a reasonable, fair, and enforceable state-wide plan, under which every dentist should have an opportunity to participate, is because, in our humble judgment, it is the best method, not to make more money, but to build good public relations. The best weapons with which to resist socialized dentistry are the good will, the sympathy, and the understanding of the public at large. When we lose these desirable attributes of defense, we shall become an easy prey to the onslaughts of a socialistic philosophy.

Therefore, we felt that some of the money attractions of the present "Do as You Please" program, should be eliminated, and substituted therefor should be a plan whereby we can demonstrate to the public at large our traditional interest in the health and welfare of the underprivileged, and that we are motivated by a true spirit of service when we suggest, by our actions, that if the state is willing to adopt a policy of appropriating money for such services that we, as professional men, are willing to bear some of the burden as a community responsibility. In our judgment a continuation of the present, "Do as You Please" policies which permit a wide variation of fees for the same service, a careless selection of the recipients, and no restrictions on the type and scope of service to be rendered, will make all of us vulnerable to the charge that we are willing participants in a health program for the underprivileged, where the fees we receive are more important than the services we render. Let us hope that this will never happen.

Now, we desire to make some comments as to how the funds have been spent. It is reported that during the fiscal year of 1952-1953, around 55 per cent of the funds were spent for the correction of physical defects and medical treatment, and 45 per cent was spent for other purposes. It is our feeling and belief that too high a percentage of the appropriations has been, and is now being, expended on allied personnel and for services other than for the purpose of correcting physical defects.

When the original sponsors of the program emphasized the great need for the correction of physical defects among the underprivileged school children in their appeal for the appropriations, and when the legislature yielded to their humanitarian impulses in providing these funds, we do not believe that the members of the 1949 General Assembly intended that such a large percentage of these funds would be spent on allied personnel, and that the activities of the program would be expanded to the extent of duplicating services that have always been

considered the proper and legal functions of other agencies of our state government.

We wish to call your attention to the fact that in prior years it was the custom of the Director of the Division of Oral Hygiene to visit the various counties and to request the county commissioners to appropriate funds with which to pay part of the expenses of having a dentist from the staff of the Division, to visit and work in the schools of the county for a stated period of time. This dentist's work was largely educational in that he lectured to the students, teachers, and the parents on the importance of mouth health, and then suggested preventive measures.

The school dentist inspected all of the students' mouths, and had notices sent to parents when the need of dental attention was indicated. In the case of indigents, he did as much of the corrections as allotted time in the county permitted. Under this program, the tax appropriating authorities had become educated to the necessity and the importance of such a mouth health program. Consequently, they had become easier to approach and more liberal in their appropriations.

These many accomplishments were brought about through wise planning and sound policies, resourcefulness, thrift, and diplomacy under the very able leadership of Dr. E. A. Branch, Director of the Division of Oral Hygiene. As a result of his intelligent approach to the problem of mouth health, and his true concept of what public health dentistry should be, coupled with a sincere devotion to the ideals of service to his profession and to his state, during the past twenty-five years, he has made our Division of Oral Hygiene a model of efficiency, and worthy of the high acclaim it has received from all over this nation. Therefore, it would seem appropriate to suggest to those who may plan otherwise, that they do not deceive themselves into believing that the dentists of this state are not 100 per cent in support of our Division of Oral Hygiene, and its most capable Director.

Now, a most logical question is, "Does the School Health Program, as presently administered, affect the Division of Oral Hygiene?"

In our humble judgment the answer is yes, because it is permitted to conduct a program of purely corrections, while that of the Division of Oral Hygiene is one of education, prevention, and a minimum amount of corrections. In the mind of the average layman, the number of fillings is more important than either the subject matter or the number of lectures. Under the policies of the School Health Program, services are permitted and paid for with tax dollars that have hitherto been prohibited under the policies of the Division of Oral Hygiene. The duplication of services and the access to funds, and in amounts not available to the Division of Oral Hygiene, all tend to reduce the effectiveness of its program.

We regret to note that at the present time, some Boards of County Commissioners are expressing the feeling that it is no longer necessary for them to appropriate local funds with which to employ a dentist from the Division of Oral Hygiene in the schools, because the state has made available to the counties money with which to employ private practitioners to do dental work for the school children. This attitude on the part of county commissioners is understandable and has merit. It is too much to expect a group of laymen to understand, appreciate, and distinguish the difference between a purely corrective program, wherein only a small percentage of the school children see the dentist, such as the School Health Program, and that of a broad and effective educational program wherein all of the students, the teachers and parents are taught, through lectures and visual demonstrations, the importance of mouth health by professionally trained personnel, such as is conducted by the Division of Oral Hygiene.

In closing this report, we feel that we would be remiss in our duty if we failed to call your attention to the fact that there are those who hold the opinion that the Division of Oral Hygiene should become a part of and under the supervision of the State Department of Education, and efforts have already been made to effectuate such a reality. When all of these things are added up, the sum total is sufficient to cause every

thoughtful dentist to stop and ponder the future. We reaffirm our belief and faith in the soundness of the recommendations made by this committee, and adopted by the House of Delegates at our 1953 convention.

Z. L. Edwards, *Chairman*

S. E. Moser

Donald Kiser

R. S. Turner

Sam Bobbitt

I move the adoption of this report.

DR. CLYDE E. MINGES: I second the motion, and in seconding it, I should like to say it is about the thirty-fifth year that I have attended general conventions, and during that time I have heard many reports made. I say to you, frankly, I have never heard a better report made than Dr. Edwards has just made.

I should like to second that, and place before you an amendment—that we adopt this report with commendation and appreciation for the whole committee, for the wonderful job that they have done.

DR. BURKE FOX: Mr. President, I listened with a great deal of attention to Dr. Edwards' report, and looked at the end for a positive recommendation, which he gave as being an approval or reiteration of the resolutions that were offered at the 1953 meeting.

Just off hand I don't remember just exactly what those were, but frankly, from what he has said, I think that it would be wise if the House of Delegates went on record as being opposed to the transfer of the Oral Hygiene Division to the Department of Education, first, and, secondly, that all funds for care and dental education, which are appropriated by the state, should only be spent under the authorization of the Division of Oral Hygiene. They have been in the 1953 recommendations, but I should like to see the Society go on record somewhere along that line. I think that that is in line with Dr. Edwards' thinking.

PRESIDENT SHEFFIELD: Thank you very much.

Is there any further discussion of this matter? (*No response.*)

It has been moved and seconded that the Report of the Advisory Committee to the School Health Coordinating Service be adopted. Let us vote on that motion now.

DR. CLYDE E. MINGES: With commendation and appreciation.

PRESIDENT SHEFFIELD: I believe that has been inserted, yes: "with appreciation and commendation to Dr. Z. L. Edwards for his very splendid work."

I would also add that I would recommend to this House of Delegates that they make a thorough study of the published report. And I am going to recommend, later, in this meeting, that every man in the North Carolina Dental Society study these reports as they are very vital to dentistry in North Carolina.

Let us vote.

(*The motion was put to a vote, and was carried.*)

PRESIDENT SHEFFIELD: Are there any other reports?

DR. JOHN A. McCLUNG: I have my report ready.

## REPORT OF THE ETHICS COMMITTEE

Your committee is happy to report that there have been no official reports of any violations or complaints of our Code of Ethics during the past year.

John A. McClung, *Chairman*

I move that this report be accepted.

DR. PAUL FITZGERALD, JR.: I second that.

*(The motion was carried.)*

DR. C. C. POINDEXTER: I should like to give my report.

## REPORT OF PROSTHETIC DENTAL SERVICE COMMITTEE

A year ago the fiscal year of the Prosthetic Dental Service Committee was changed to conform with the fiscal year of the North Carolina Dental Laboratory Association—that is, from April 30 to April 30. The number of laboratories applying for and receiving certificates was comparable to the previous year.

On March 23, of this year, my committee directed the following letter to Dr. T. C. Sparks, Secretary, South Carolina State Board of Dental Examiners.

It has come to the attention of my committee that there has developed in Florence a condition that is doing immeasurable harm to the profession, and laboratory industry. Apparently someone is doing denture work far below the average fees charged in South Carolina and North Carolina.

To be sure a person or an organization cannot control fees of an individual, but surely no one man can complete as many cases in a few hours without delegating some mouth procedure to a technician or other dental auxiliaries.

This matter has become of such concern to the dentists, particularly the border towns of the state, that we would like to know if in your opinion there would be some way to bring about some corrections.

In answer to this letter, Dr. Sparks replied on March 26:

This Board now has in court a suit to revoke the license of the dentist responsible for the conditions mentioned in your letter of March 23. Pray for us to be successful.

I appreciate your writing me concerning this, for it is by such neighborly cooperation that we can hope to advance dentistry.

After working with the Laboratory Association and observing the needs of the profession and the laboratory industry for the past eight years, the committee believes that certain changes in the program, and requirements for accreditation, are needed. The committee suggests the following recommendations for your consideration.

1. Take accreditation out of North Carolina Laboratory Association's hands, and put it entirely under the supervision of the North Carolina Dental Society. Applications to be filed directly with the chairman of the Prosthetic Service Committee (composed entirely of dentists) which will inspect and pass or reject applications for accreditation on the individual laboratory's merits.

2. Eliminate clause whereby the laboratory must belong to the North Carolina Laboratory Association.

3. Allow any out-of-state laboratory to become accredited on the same basis as the North Carolina laboratories, and enjoy the same privileges, such as advertising in our JOURNAL and exhibiting at meetings. Of course, it must be an ethical, high type laboratory, with its application filled in and signed by ethical dentists, and they must pay an additional fee of \$10 to the North Carolina Dental Society.

4. All accreditation fees received should go to the North Carolina Dental Relief Fund, and toward the cost of having a more rigid inspection and investigation of laboratories up for accreditation, before they are granted accreditation.

I move the adoption of this report, with the recommendations.

DR. RILEY E. SPOON: I second the motion to adopt the report.

PRESIDENT SHEFFIELD: It has been moved and seconded that the Report of the Prosthetic Dental Service Committee be accepted. Is there any debate or discussion?

DR. BURKE FOX: Mr. President, I should just like to add one thing to that. I think it is high time that we did take over this interpretation, instead of leaving it to the laboratories and to the laboratory men. It has come to my attention that the North Carolina Laboratory Association has set up an initiation fee of \$150, and that no man can join their society unless he pays that initiation fee of \$150 first, which some young men, just starting out in the laboratory field, and running a laboratory on a high plane, found to be too difficult to start out by paying that \$150 fee, plus their annual dues.

I think the Dental Society ought to take over that interpretation, which I thought Dr. Poindexter recommended.

PRESIDENT SHEFFIELD: Did your report include that?

DR. C. C. POINDEXTER: Yes.

PRESIDENT SHEFFIELD: I think that has been taken care of, Dr. Fox.

*(The motion to accept the report was put to a vote, and was carried.)*

PRESIDENT SHEFFIELD: I recognize Dr. Paul Jones.

DR. PAUL E. JONES: Mr. President, and Fellow Members of the House of Delegates: I am sure I cannot entertain you as long as did Dr. Edwards just now, but I had some information I wanted to lay before the House of Delegates. It is a thing that had transpired before the Advisory Committee of the School of Dentistry of the University of North Carolina. I wanted to give you all a look-in, as to what had been going on before that committee, since our last annual meeting.

Does the House of Delegates desire that I read the part that I referred to, as being attached to this, regarding the development of the program of the School of Dentistry?

DR. W. T. BURNS: There is so much misunderstanding in this committee, and there has been so much misunderstanding, heretofore, that it is my personal opinion all of the report should be read.

DR. PAUL E. JONES: All right, I have no objection to reading it.

MINUTES OF THE MEETING OF THE  
ADVISORY COMMITTEE TO THE SCHOOL OF DENTISTRY  
OF THE NORTH CAROLINA DENTAL SOCIETY

APRIL 11, 1954

The North Carolina Dental Society's Advisory Committee to the School of Dentistry of the University of North Carolina, met in a regular meeting in response to the call of Chairman Paul E. Jones, on Sunday, April 11, 1954, at ten o'clock, in the Seminar Room of the School of Dentistry. In the absence of Dr. Claude Adams, Secretary, the Chairman appointed Dr. L. M. Massey as Acting Secretary.

Dean Brauer reported the condition of Dr. Claude Adams, who had suffered a heart attack two or three weeks ago, to be somewhat improved, but he would naturally have a long convalescence.

Chairman Jones expressed appreciation for the presence of a full attendance, except for Drs. C. Adams of Durham, W. Clark, and C. Pless of Asheville, and John Pharr of Charlotte. He also expressed a welcome and appreciation of the attendance of Dr. Henry Clark in the Capacity of Administrator, Division of Health Affairs, of the University.

Dr. Jones Called upon Dean Brauer for the first item of business on the agenda, which was report of the operation of the Intramural Practice as conducted by the faculty since the last meeting. A copy of this report is attached to and becomes a part of the minutes for information and reference. Dr. Brauer, in commenting on the attached report, stated the combined net incomes (\$28,853.43) of all participants in the intramural program, would be no more than commonly realized by two private practitioners. He stated that the opportunity afforded the full time faculty to supplement their incomes, and to give personal expression to some dental treatment for private patients, has not only attracted but retained some of the finest dental teachers in the country. A considerable number of treatment programs for intramural patients have been presented to the students to illustrate "private practice in action."

The report was thoroughly discussed by all members present, Dr. Wilbert Jackson, Clinton; Dr. Fred L. Self, Jr., Lincolnton; Dr. L. G. Coble, Greensboro; Dr. Frank Alford, Charlotte; Dr. Roy Pridgen, Fayetteville; Dr. Paul Fitzgerald, Sr., Greenville; Dr. Clyde Minges, Rocky Mount; Dr. W. A. Sowers, Lexington; Dr. S. W. Shaffer, Greensboro; and Dr. L. M. Massey, Zebulon.

Dr. Frank Alford expressed his personal opinion as approving and commending the program. However, being on a committee appointed by the President of the North Carolina Dental Society, which appeared before the Health Affairs Committee of the Board of Trustees, at a previous meeting, and which committee represented the North Carolina Dental Society's vote of disapproval of the Intramural Practice Program, as registered at a vote of those present at two o'clock in the morning, he would have to reserve his official vote. One member of the committee, Dr. Sam Shaffer of Greensboro, said that while the program seemed to be very successful, he was opposed to the principle of Intramural Practice.

The committee adopted a motion presented by Dr. Clyde Minges, to approve the program and express to Dean Brauer their confidence and commend him for the very fine way he had conducted the program, and adjusting it from time to time to meet the needs of the profession and the school. The motion also carried the instructions for Dr. Jones and Dr. Brauer to convey to the Trustees of the University of North Carolina, this action, at their next meeting.

Dean Brauer reported also on the progress of the television program being developed by the University and the Dental School, and its part in the Health Affairs Program of the University.

Dean Brauer then made a general report on the conduct of the School of Dentistry, and this report is attached to and becomes a part of, these minutes. The committee, individually and as a whole, unanimously expressed satisfaction with the report and commended Dean Brauer for the great leadership he is demonstrating in developing the School of Dentistry, that is attracting national attention.

Dr. Frank Alford was instructed by the chairman, and by a motion passed by the committee, to request the North Carolina Dental Society to make the Dental Advisory Committee to the School of Dentistry of the University of North Carolina a constitutional committee.

The meeting adjourned to meet again at the call of the chairman.

Paul E. Jones, *Chairman*

L. M. Massey, *Acting Secretary*

Dean Brauer gave us a breakdown at this meeting which I will give you now.

COMMENT REGARDING STATE OF DEVELOPMENT AND PROGRAM  
OF SCHOOL OF DENTISTRY, AT MEETING OF  
ADVISORY COMMITTEE TO SCHOOL OF DENTISTRY  
OF NORTH CAROLINA DENTAL SOCIETY

SUNDAY, APRIL 11, 1954

*The First Graduating Class:* Thirty-four senior dental students are scheduled for graduation this coming June 1954. They are all North Carolinians. While a few will be committed to the Armed Forces, the remaining number plan to establish practice in North Carolina. Most of those in the latter group have already selected the communities in which they plan to practice.

*The Undergraduate Program:* Fifty students now are being admitted to each first year class, and presently there are a total of 167 registered in school. The patient flow has been excellent in the student clinics, with the exception of prosthetics, and in this latter group there has been an adequate distribution.

*Graduate Program:* Graduate instruction was initiated in Orthodontics this latter June 1953, leading to the Master's Degree. Three graduate dentists are registered for this course. Two other graduate curricula will be activated, namely, Oral Surgery in September of 1954, and

Pedodontics in June 1954. North Carolina now is the only school in the Southeast affording such advanced instruction in preparation for specialty practice.

*Post Graduate Instruction:* With the completion of the graduate and postgraduate facilities this summer, greater emphasis will be directed to this phase of dental education. Some five postgraduate courses, in Pedodontics, Periodontics, Operative Dentistry, Endodontics, and Prosthodontics, will be given this coming summer. The faculty presently is giving a postgraduate lecture series, one three-hour lecture and demonstration, each month for six months in Raleigh and Fayetteville.

*Dental Hygiene Curriculum Activated:* A new curriculum for the training of dental hygienists was activated last September 1953, when the first class of dental hygienists were admitted to the School of Dentistry. Fourteen girls were admitted in the two-year Certificate Curriculum. A Bachelor of Science in Dental Hygiene is now available.

*Dental Assistants Extension Correspondence Course:* Through the cooperation of the Dental Assistants Educational Committee of the North Carolina Dental Society, the Extension Division, Correspondence Bureau of the University of North Carolina, and the faculty of the School of Dentistry, the first correspondence course for dental assistants was activated about March 15, 1954. Twelve members of the faculty, School of Dentistry, are participating in the twenty-five lesson assignment series. Some sixty dental assistants already have enrolled including enrollees from the states of Washington, Utah, Texas, Illinois, Tennessee, Michigan, New York, Massachusetts, New Jersey, Virginia, Georgia, Florida, North and South Carolina. This course is an effort to provide some medium of instruction to one of the greatest dental manpower problems in the profession today.

John C. Brauer, *Dean*

DR. PAUL E. JONES (*continuing*): Dean Brauer gave us the figures on the Intramural and Extramural Practice, which I will now present.

UNIVERSITY OF NORTH CAROLINA, SCHOOL OF DENTISTRY  
INTRA AND EXTRAMURAL INCOME AND TIME SCHEDULE  
JANUARY 1 TO DECEMBER 31, 1953

1. Total Number of Clinical Full-time Faculty During 1953 .....	28
a. Total of 19 in program	
b. Total of 9 not participating	
c. Total of 3 or 4 more perhaps will participate during 1954	
2. Average hours per participants in Intra and Extramural program per week .....	2½
3. Total Intramural supplement paid to all participants .....	\$28,853.43
4. Average Intramural Supplement for 28 members of full-time faculty .....	1,030.47
5. Total of Intra and Extramural Supplement .....	31,237.43
6. Average Supplement for both Intra and Extramural .....	1,115.62

Statement prepared April 6, 1954

/Signed/ John C. Brauer

DR. PAUL E. JONES (*continuing*): We have had only two or three exceptions to the minutes, and I am going to present those exceptions to the group here today, so that you will have the whole picture.

I will first present Dr. Shaffer's letter:

Dr. Paul E. Jones  
Farmville, North Carolina

Dear Dr. Jones:

In reading the minutes of the meeting on April 11, 1954, of the Advisory Committee to the School of Dentistry of the University of North Carolina, I find that my statements and feelings in regard to the Intramural Program in practice at the dental school were either misunderstood or misconstrued. I realize that my opinion on this subject, although it represents a majority vote of the North Carolina Dental Society, is of little value or interest, but I, at least, want to keep the records straight by making corrections in regard to my stand on this subject.

I was quoted as saying the program seemed to be very successful. This is untrue. I made the statement that I thought Dr. Brauer had done a fine job in organizing and getting the dental school started, but that I was certainly not in favor of his Intramural Program. I am definitely opposed to the principle of it, and do not think it is for the best interest of the school itself or for the students. I furthermore stated that as the private practices in the school increase, the program as now conducted will be even more harmful and disastrous to the dental school. I expressed my opinion that a tax-supported institution should not use such a plan, and I definitely am opposed to our School of Dentistry employing this program. At the most, the private practices of the teachers should be restricted to referral work, and such cases should be available to the students for clinical training, if they are of particular interest or value. When I noticed that my opinions on this matter seemed to be in the minority at the meeting, I specifically asked that they be recorded in the minutes because they represented a majority vote of our state Society, and I was very much disappointed that such a gross misinterpretation of what I had said had been recorded, and that I did not receive a copy of the minutes until after the meeting of the Committee on Health Affairs, which was held on April 23.

Thanking you in advance for making these corrections, I am, Yours very truly,

/Signed/ SAM W. SHAFFER

DR. PAUL E. JONES (*Continuing*): The next is a letter from Dr. Alford.

Dr. Paul E. Jones, Chairman  
Advisory Committee to the School of Dentistry  
Farmville, North Carolina

Dear Paul:

I have received a copy of the minutes of the meeting of the Advisory Committee to the School of Dentistry, which was held April 11, at Chapel Hill. I notice the minutes recorded me as expressing my opinion

as approving and commending the Intramural Practice Program at the School of Dentistry. Also as reserving my official vote.

It was not my intention to leave the impression that I did approve or commend the program. I do not know enough about the program nor its operations to commend it. I only have a report of the average income and time schedule of the program, for the year 1953, which was given out at the meeting and became a part of the minutes. I expressed my personal appreciation to Dean Brauer, Dr. Clark, and all others who had helped with the tremendous task of building and putting into operation the School of Dentistry. This expression must have been misinterpreted and it was felt that I was referring to the Intramural Practice Program.

You will recall that I tried to establish whether the Advisory Committee was representing the Dental Society, or the personal views of the members of the committee. I also related the objections I had heard from members of the profession in the state, mainly, "The School of Dentistry was established to teach and not to practice dentistry."

I later stated that if the Committee is one of the North Carolina Dental Society, regardless of how we might feel personally (meaning the members of the committee) I would have to support the action taken by the Society last May. I could not be a Jeckel and Hyde. Since I was appointed by the President of the Dental Society, to appear before the Health Affairs Committee of the Board of Trustees of the University, last summer, to represent the action taken by the North Carolina Dental Society at two o'clock in the morning, opposing the Intramural Practice Program, with the largest attendance I ever saw at any meeting of the Society, not excepting elections, I wanted to cast my vote *against* the program.

I am not concerned with how much this program will harm the private practitioner, nor how much it will help the faculty members who participate. However, it seems that the harm to one would be proportionately the same as the help to the other. I doubt that either would be materially helped or harmed very much. I *am* concerned about the harmonious relationship of the members of the profession in North Carolina, both for the sake of the School of Dentistry and the Dental Profession.

Personally, I have been fearful of the results of the Intramural Practice Program, from the beginning, as you know. I expressed my opinion on this matter to Dean Brauer in Chicago, two years ago last February. I felt certain it would have opposition by the profession in the state, and would ultimately be detrimental to the progress of the School of Dentistry, to the Dental Society, and to the Dental Profession in North Carolina. Time seems to have justified my apprehension. I do not want to see a repetition of the Georgia dispute here in North Carolina. I have gone through with that.

This prompted my question to Dr. Brauer at the meeting after the majority of the members present had given approval to the program: "If the program does not prove satisfactory, is there not some compromise that can be made to prevent a split in the Society, for the benefit of the dental profession in North Carolina?"

I am sorry I did not make myself clear, or was misunderstood. I would like to have the minutes corrected to clear my position for the sake of the records. I fully realize that this correction will not alter, one way or another, the action taken by the Advisory Committee, but it will keep the records straight.

I shall be looking forward to seeing you in Pinehurst on May 16, and with every good wish and kindest personal regards.

Most sincerely,

/Signed/ Frank O. Alford

CC: Members of the Advisory Committee

Dr. Neal Sheffield

Dr. B. N. Walker

Dr. Ralph Coffey

DR. PAUL E. JONES: (*Continuing*): I also have a letter from Dr. Massey, who recorded the minutes for us, at that meeting. Dr. Massey called me and said that he had received copies of these letters, and copies of these letters went to each member of the Advisory Committee who attended this meeting, as well as those who were not in attendance. I shall read his letter to you now.

Dr. Paul Jones  
Farmville  
North Carolina

Dear Dr. Jones:

I am enclosing copies of letters to Dr. Frank Alford and Dr. Sam Shaffer, both of which contain a request to you to make their letters to you, of which I had a copy, and my answer a part of the minutes of the Advisory Committee to the University of North Carolina, because I was acting secretary at that particular meeting.

The letters are self-explanatory and need no comment other than to say I am sorry that there could have been any misinterpretation of the minutes, because I was serving for Dr. Adams, who is ill, and I did not wish to have other than an unbiased opinion.

With my sincere good wishes, I am

Cordially yours,  
/Signed/ L. M. Massey

PRESIDENT SHEFFIELD: Gentlemen, you have heard the Report of the Advisory Committee to the University of North Carolina. What is your pleasure in the matter?

DR. RALPH FALLS: I should like to ask Dr. Sheffield a question which I believe is fitting at this time. Dr. Sheffield appointed, I believe, two members from the First District, as he did from each district—is that right—to meet with the Medical Staff Commission, and to convey to them—

PRESIDENT SHEFFIELD: Convey to the trustees of the University of North Carolina—

DR. RALPH FALLS: —to convey to them the feeling of the majority of the North Carolina Dental Society.

I happened to be one of these in the First District, and Dr. Truluck was another. We reported back to our district, as best we could, the things that took place at this meeting. In order to bring all the other districts up to date—I wonder whether they know what had or has gone on since then? Did each member appointed by you from each district report the things that happened at this meeting and the time that was wasted, and how long they waited for the reply, and so forth? Have they done that? If they have not, I believe it would be fitting for you to bring all the members up to date on all of that.

PRESIDENT SHEFFIELD: Dr. Falls, I think the proper procedure in that matter would be to let that committee make a report here, as any of the other committees have done, and for us to hear that.

PRESIDENT-ELECT WALKER: The Executive Committee should do that.

PRESIDENT SHEFFIELD: This was a committee appointed by the North Carolina Dental Society, and I would rule, sir, that those com-

mittees appointed by the President should report before this group. I shall ask that committee, at such time as they see fit, to bring in a report, if they so desire.

DR. BURKE FOX: Mr. President, we have a report of Dr. Jones' before us. I should like to state that several years ago Dr. Sanders, in his President's Address, recommended that a Dental Advisory Committee be appointed, of fifteen members. Five members were to be appointed each succeeding year to serve for three years. Nominations for this committee were to be made and presented to the House of Delegates, but representation on this committee would only be confirmed upon election by the House of Delegates.

The minutes of our meeting show that the recommendations were made by Dr. Sanders, but there has never been any presentation of members of the Advisory Committee to the House of Delegates for election. Yet, the House of Delegates voted to approve Dr. Sanders' speech, his Presidential Address, which carried that recommendation—that membership on the Dental Advisory Committee would only be through election by the House of Delegates. Therefore, the Dental Advisory Committee which has served in the past has never been legally serving because the members have never been legally elected to office.

With regard to this report which has been made, we have the North Carolina dentists, a group of approximately 1000 men. We have a smaller group, perhaps 850 to 900, who belong to the North Carolina Dental Society. We have a smaller group of about thirty-five or forty in the House of Delegates, and we have fifteen men who are on this Dental Advisory Committee.

At our meeting last year, with an attendance of approximately 400 members of the North Carolina Dental Society, there was an overwhelming vote (according to my calendar, something like about 350 to thirty-five) disapproving of this intramural practice. I do not think the House of Delegates has the right to override such an overwhelming vote of the Society as a whole, and I certainly do not think that a committee with about ten men attending (and they were not unanimous) has the right to override the vote of the entire North Carolina Dental Society, which was so overwhelming.

Therefore, I should like to make a motion that that portion of the report by Dr. Jones in which approval was given to the intramural practice shall be disapproved by the House of Delegates of the North Carolina Dental Society.

PRESIDENT SHEFFIELD: You have heard the motion, gentlemen.

DR. M. H. TRULUCK: I should like to second the motion that Dr. Fox just made, and I should also like to comment very briefly.

I agree, 100 per cent, with what Dr. Fox has said about the Advisory Committee of the North Carolina Dental Society to the Dental School. I cannot imagine the thinking of the group of men who would have a meeting of this nature and vote and recommend a program to the North Carolina Dental Society, when we went on record just last May, a

year ago, as disapproving it, with an overwhelming vote. I just cannot imagine what they were thinking about. I hope you men will certainly give this some serious consideration. We certainly know the committee was appointed to carry out and act more or less as a liaison committee, to work between the Dental School and the North Carolina Dental Society, and convey the wishes of the majority of the North Carolina Dental Society, in any matters of interest, to them, in that respect. This certainly was not a case in this matter. I do not think a small committee of ten men, or even this House of Delegates of thirty-five or forty men, should try to override the feelings of the majority of the members of the North Carolina Dental Society, given at the meeting last May.

PRESIDENT SHEFFIELD: Thank you very much, Dr. Truluck. Is there any further discussion?

DR. W. T. BURNS: Dr. Sheffield, before the motion, you asked for the report of the Committee. I am Chairman of the Committee, and I should like, in a brief and impromptu manner, to state what happened.

PRESIDENT SHEFFIELD: Dr. Burns, I believe we have the matter of whether we are going to accept the report that was just read. If you should like to bring in a report later.

DR. W. T. BURNS: This is relative to the matter. Would you like to rule whether or not it is? I think it is relative and explanatory.

I believe you said, a while ago, that the committee which handled this matter as expressing the action of the North Carolina Dental Society last May, should make a report. If that is true, I shall make it. If not, I shall sit down.

PRESIDENT SHEFFIELD: You just want that to be accepted as information?

DR. W. T. BURNS: That is right.

PRESIDENT SHEFFIELD: You may proceed with your report.

DR. W. T. BURNS: I do not have a written report because it was submitted to the Executive Committee in written form, and I did not have any idea that I would be called upon for it.

You appointed ten men, two from each of the five districts, to meet with the University officials. That was, I remember, on June 10, 1953. I was acting chairman and did the best I could. It was then the sum and substance of the Dental Society through the action that was taken through our committee last year. The University officials were there—Chancellor House, the Dean of Medicine of the University, and three or four more. The meeting started considerably before dinner. We ate dinner and met again. We had expressions from all but two or three of the ten men—I think there were nine present. To the best of my memory everybody supported the action that was taken by the Society last year, and that was the purpose—just to express to the University what our action was.

We did not have an answer to that meeting until very recently, it seems to me, two or three weeks ago, at which time that Trustees Com-

mittee of the Division of Health Affairs acted on the assumption that the Dental Advisory Committee was representing the North Carolina Dental Society. There is a letter to some officials of the State Society stating their actions at that time. It is very clear that they assumed, from this Report of the Minutes of that Dental Advisory Committee Meeting of April 11, the Dental Society was willing to go along with them on intramural practice at Chapel Hill.

That is, to the best of my ability, a brief report, from memory.

PRESIDENT SHEFFIELD: Thank you very much, Dr. Burns.

DR. CLYDE E. MINGES: I am a member of this committee, I believe. Originally this committee was supposed to have been made a constitutional committee. It never was. Of course, ordinarily a committee such as that dies at the expiration of the year. This committee has been continued for some two or three years, I guess.

We were a special committee, and I should like to emphasize the title of that committee, which is "Advisory." Being an advisory committee we met and made a survey of activities of the program at Chapel Hill, and we, as a special committee, felt that the program was being conducted very nicely. We came back here and did our duty in making a report to this body. It was not made with the intention of cramming anything down anybody's throat. We are merely reporting to you, and if you do not like the report, vote it down.

PRESIDENT SHEFFIELD: Thank you very much, Dr. Minges.

DR. GUY R. WILLIS: Mr. Chairman, I was under the impression that this Society was run under democratic principles. For as long as I can remember, issues that are taken to the floor of the General Assembly are voted upon one way or the other, and the results are abided by thereafter by the Society until they are voted otherwise in the Assembly. There is no question but that the intramural program was very decisively voted against last year at our Annual Meeting. However, it seems that either the officials of the University of North Carolina, or the Board of Trustees, or someone, wants to pick certain individuals, or groups, or take it as you may, people of the minority group who voted in favor of it, as being the representatives of this North Carolina Dental Society.

I believe there is a letter to the effect that the Advisory Committee, which is supposed to represent this Society, went on record as approving what was going on at this April 11 meeting. It might be that this was just a personal opinion of these men who were present, but surely the University of North Carolina has taken that as official. I think personal opinions should be stated outside the door. Once they go into the meeting, it should be assumed opinions represent the Society, be it official or otherwise.

As for myself, I cannot understand why that committee would take it on itself to express something which the General Assembly so overwhelmingly disapproved. It is as if this Society voted in favor of fluoridation to the city water supply, and the committee which is supposed to represent this state on fluoridation met with some city, such as Durham,

and because the City Council disapproved, they would say, "We shall go along with it." Perhaps they are right, but I do not think that is representative of the Society of North Carolina. Perhaps they cannot do anything about it. Perhaps they are going against fluoridation. However, if you say the North Carolina Dental Society is in favor of it, then you have to go along with it. I just cannot understand this line of thinking.

I should like to hear some of the members of the committee get up, as Dr. Minges got up, and give us some ideas. I cannot agree that just because it was personal opinion, it should be accepted by this House of Delegates. I am very much afraid that if it is accepted it will be taken by the University of North Carolina officials as a representative of our group, and therefore, as our approving it. I cannot go along with it.

PRESIDENT SHEFFIELD: Thank you very much, Dr. Willis.

DR. RALPH FALLS: I believe it is high time we were having a little truth meeting, instead of a lot of manufacturing. I am fully in accord with Dr. Edward's report, and I was ignorant, until tonight, as to where the money was coming from. Pressure was put on me, and on some others in my town by the local health nurses. "Can't you help us out?" Some were indigent who were using the money in the program that he, in the recommendation, condemned. I shall go home and help them, in that picture, as much as I can, but not by doing the type of work they are carrying on. I shall reverse myself, because I see that it is the wish of the majority of the North Carolina Dental Society. Since this program was approved, and had I known—

PRESIDENT SHEFFIELD: Dr. Falls, may I ask a question right here? Excuse me, sir, for interrupting. What are you discussing?

DR. RALPH FALLS: I am bringing up the point to back up my objections to intramural practice. (*Laughter*) To me, this intramural "practicism" and this "statism" is one and the same thing in different pews—in the same church, but in different pews. It is the same state, the same "statism." One is simply the dental college and the other is the whole state. I am sorry to say I have been a party to having promoted this program by having accepted it and doing the work even though it was distasteful at the time. That is my point in bringing it up. They are both malignancies, in my opinion, which we should get rid of. In regard to one or the other, the only difference is in size. Both have the same principle. To me, it is "statism," and to use a colloquialism, "I'm agin it."

DR. CLYDE E. MINGES: May I speak again? The Report of the Committee was made to the North Carolina Dental Society, not made to the University. We are merely bringing it here for your approval or disapproval, and we are reporting to you, not to the University. If, as you say, you do not like it, why, vote it down! We were an advisory committee. You certainly are not going to have an advisory committee and tell them what kind of report to make! We made this survey and found it to be satisfactory so far as we could tell. We are now making our report back here to the North Carolina Dental Society for your approval or disapproval.

PRESIDENT-ELECT WALKER: Mr. President, as a member of the committee, and being able, probably, to speak this year when next year I shall have to try to conduct the meetings, I shall say I am as anxious as you are to solve this problem which has been facing us for several years. I represent the dentists of North Carolina who elected me to the Executive Committee, as President-Elect. Each of you members of the House of Delegates are representatives of your districts. You should have come here instructed. Unfortunately, you, as those of us who have gone to the House of Delegates of the American Dental Association, are not always instructed as to what you believe in or what the rank and masses believe in. I think we spend too little time in discussing the affairs and problems that face us. We in this House of Delegates have other serious problems facing us that are going to have to be solved.

This problem we have started was fouled up several years ago, if the truth were known. In 1951, when the Dental Advisory Committee reported to the House of Delegates, they made no mention of any commitments, or contracts, or obligations they assumed to the University or to the University officials. If you would like to hear it, I shall read the Report of the Dental Advisory Committee. There is no reference made to intra or extramural practice. If there had been such a report made at that time, I feel sure Dean Brauer would not have almost single-handedly gotten up last year and debated upon it, nor would our good friend, Eddie Current, probably, be in the physical shape he is in tonight.

Nevertheless, that is past, and the problem still has to be solved. As a member of the Executive Committee, last year I was invited to the University to represent the North Carolina Dental Society, to represent their wishes at a meeting. A vote was taken at two o'clock in the morning, and as Dr. Frank Alford stated in his letter, there was quite a crowd there, which all of you, I am sure, will agree to. We went up there with no prearranged speeches to make. I have never been as embarrassed, or—pardon the expression—as burned up as I was, by a prepared speech. I shall read it to you. I think it is high time everything was brought out in the open, and we settle this matter one way or the other as far as the North Carolina Dental Society is concerned.

Before I do that I want to say the reason I am going into this is that Dr. Minges states they are reporting to us, that they did not report to the school. Here is a letter to the Executive Committee of the North Carolina Dental Society.

Morganton, N. C.  
April 27, 1954

To: Executive Committee  
North Carolina Dental Society

Dear Doctor:

The following letter was received this morning:

April 26, 1954

Dr. Ralph Coffey,  
Secretary-Treasurer  
North Carolina Dental Society  
Morganton, North Carolina

Dear Dr. Coffey:

At a meeting of the Health Affairs Committee of the Trustees of the University of North Carolina at Chapel Hill on Friday, April 23, your letter of March 20, 1954, addressed to President Gordon Gray, and his answer to you, dated April 2, 1954, were considered.

You will, no doubt, recall that after the meeting of the Trustees Committee in July 1953, I wrote a letter to Dr. Sheffield, the President of the Dental Society, stating that the Trustees Committee earnestly urged that the Society maintain an Advisory Committee to advise with the Dean and faculty of the Dental School and with the Trustees Committee in connection with matters affecting the welfare of the School.

At the meeting last Friday, we were informed that the Advisory Committee had met on April 1, 1954, and had voted to approve the intramural practice, with only two votes in the negative. In view of this vote of approval and in the light of all other information available to the members of the Committee, it was felt that the present plan for intramural practice should be continued. Our Committee recognizes that the Dentists of the State are not unanimous on this question and we have respect for those who entertain opposing views.

I can assure you that the Trustees Committee has no thought in this matter except to operate the very finest Dental School possible. If at any time the Committee becomes convinced that the intramural practice is not in the best interest of the School, I am sure that the Committee will promptly discontinue it. At the present time, the information which the Committee has obtained indicates that the best interest of the School requires the continuance of the intramural practice.

I would like to assure you and your organization again that the Committee solicits your suggestions and criticisms and wishes to express the hope that your organization will continue its Advisory Committee so that we may have the benefit of the Committee's judgment and views.

Yours sincerely,  
L. P. McLendon

cc: Dr. Gordon Gray  
Dr. R. B. House  
Dr. Henry T. Clark

Ralph D. Coffey, *Secty-Treas.* N.C.D. Society

Thus, the Dental School, or the Dental Advisory Committee, has, I think, entered a contract expressing a view which is contrary to that of our former President, Cleon Sanders, when he set up the Committee, when he said that.

Here is a letter to Dr. Fred Hunt from Dr. Sanders: "I received a letter from Chancellor House requesting a special committee to be selected to officially represent...to furnish sentiment and opinion of the membership of our Society concerning the Dental School."

As a member of the elected body of the North Carolina Dental Society, I would resent this speech even if I were 100 per cent behind the

intramural practice, because I would feel that those who objected one little bit were not entirely wrong. I do not feel I am one of those who is 100 per cent for it, because there are a few points I do not like about it.

(Dr. Walker read the letter to Dr. Fred Hunt from Dr. Cleon Sanders, The Bulletin of the N. C. Dental Society, Vol. 33, No. 1, August 1949, p. 223. and the address by Dr. A. C. Current, "Our School of Dentistry Faces Its First Crisis.")

#### Editor's Insertion:

"I regret being unable to attend the House of Delegates Meeting when my article "Our School of Dentistry Faces its First Crisis" was read.

The statements set forth in this article stem from the impressions that life has made upon me and the observations that life has afforded me. I am gratified, therefore, in the knowledge that this recording will permanently preserve them."

/Signed/ A. C. Current

### OUR SCHOOL OF DENTISTRY FACES ITS FIRST CRISIS

The following terms shall be used in this discussion as here defined unless otherwise specified:

#### The Opposition————

Dentists only who oppose something now in operation at the School of Dentistry of the University of North Carolina. A member of the opposition may be opposed to a part of one policy of the School, or he may be opposed to the whole School. Not the degree to which he opposes but the fact that he does oppose names him as opposition for this discussion.

#### The School————

School of Dentistry of the University of North Carolina

#### The Division————

Division of Health Affairs of the University of North Carolina, including the School of Medicine, the School of Dentistry, the School of Pharmacy, the School of Public Health, the School of Nursing, and the University Hospital.

#### The Board————

Board of Trustees of the University of North Carolina

#### The Administration——

University officials charged with the responsibility of operating the Division.

This School is new to all the citizens of North Carolina. Any new thing possessing the magnitude of an educational institution has far more ways and means of touching and influencing the entire population than any one of us can now comprehend. However, anything good with

which we are blessed will, if given time, find its place among us in not only an acceptable but in a very welcome manner. It may be likened to a new child in a devoted family.

Each member of the family is happy in the mutual love abiding within his family and is content with the status quo. But when this family is favored with a new member, it is found that there is abundant love for the newcomer without depriving any of the former members. And the whole family rejoices in that it is privileged to welcome and love this newcomer and help him to manhood.

And this, I perceive, could have been and should have been the method by which the School found its place among the citizens of our State. And it would so have happened had we had the patience to forbear. And had our aim and ambitions been of a nobler sort, we would have possessed such patience.

And this, though painful it is, brings me to speak on some of the abstract qualities deeply rooted in soil from which the School did not spring and in which the School has no place. This School just happens to be a vulnerable spot at which the enemy can strike for personal and selfish reasons.

This is speaking plainly; but this is not a time for indecision, vacillating, or appeasement. The School is being attacked, as will presently be seen, by a very deceptive and cunning enemy possessed by manifold objectives. These objectives are cloaked in mantles of high-sounding principles and human rights, but these mantles cleverly disguise duplicity and hidden motives.

There are, I know, some N. C. Dentists who sincerely and conscientiously object to some phases of the School and its services. As I previously stated, the School is not yet fully understood from all its service angles. And these conscientious objectors honestly believe that the N. C. citizen does not have the right to apply "on his own hook" at the School for dental treatment by the faculty members. It is their true belief that the citizen must first apply to a private practitioner and allow this practitioner to decide whether or not the citizen's condition entitles him to seek treatment at the School by faculty members.

All these of the opposition with whom I have talked, and they have been from various localities in the State, have expressed confidence in the Administration. They have expressed confidence in the Board. They have not wanted to act as a pressure group on the School or on any part of the University. Not for one minute would I attempt to deprive these honest and conscientious dentists of their right to believe as they must; for wherever and whenever men's convictions are based on unselfish and humanitarian principles, tolerance, patience, and confidence will predominate in all their actions. But not for one minute either would I agree with their belief that a free citizen is not entitled to apply for service at any time to an institution built and maintained by the taxpayers at large.

And now I must, reluctantly to be sure, reveal some of the motivating forces of the opposition that do not and cannot have a conscientious nor an honest source back of them.

I know, without reservation, that jealousy and personal hatred serve as motivation for some leaders of the opposition. And I am persuaded that jealousy is the most prevalent, the most useless, and the most uncalled for trait of human nature. Jealousy need go unrestrained for only a short time to turn into personal hatred. I shall not lower this discussion to the point of dealing in personalities. But I must be fair to the question before us (opposition to intramural policies of the School) and say that in being privileged to serve the cause of dentistry I have been permitted to see the expressions on the faces of some members of the opposition when certain faculty members have been spoken of. Not only so, but I must confess to having first-hand information to the truthfulness of the statement that jealousy and personal hatred are motivating factors among the leaders of the opposition.

And the picture held up to the public in such instances may well be no more than a blind to shield the jealous, conniving heart from public resentment while it does its work of vengeance.

Political expediency is also a motivating factor among the leaders of the opposition. One need not be an authority on political science to know the ultimate objective of a political group pitted against a formidable adversary. A little knowledge of the general history of the human race is sufficient to show one the truth that the purpose of political struggle is to reduce the adversary to a position of ineffectiveness. And I need not remind you of the tactics to which men will resort to achieve their political goals. For, indeed, we are not too far removed from the era of the bloody guillotine. And the betrayal of friendship and the sacrifice of principle for political expediency are not foreign to our present maneuverings.

Now I have mentioned political expediency in this general sense in order to speak of it in its specific sense as a motivating factor among the leaders of the opposition. And since I know this to be the most far-reaching and the most deeply rooted of all the motivating factors, I shall treat it at some length.

One political faction within the North Carolina Dental Society has been, in the main, in power for over a quarter of a century. This group during that time has acquired the political hatred of a younger political faction rapidly coming into power. Whether the older political faction deserves the hatred of the younger group has no place here. The fact that it exists is the thing that has bearing on the question at hand.

And before I go farther, permit me to clarify my own political position lest someone think that I have an axe to grind.

It is extremely difficult for a person to make factual appraisals of the actions of his contemporaries. He is too close to the scene of action; his eyes are likely to be shaded and his vision dimmed by unimportant rabble or by personal prejudices. But I have no political aspirations. I have never been a candidate for political office sponsored by one of the two opposing factions within our Society. The North Carolina Dental Society has honored me with its Presidency and with all other honorary offices it has to bestow excluding that of Secretary-Treasurer. And this has always been done by acclamation. This is not, as some may think, boasting. I am pointing out the fact that I have always been sufficiently neutral to allow both factions to tolerate my nomination. I make these observations in order that men seeking the truth may know that my political discussions of the question at hand are not influenced by "sour grapes" or political aspirations.

Now to return—The older political group was in power when the North Carolina Dental Society went on record to sponsor the School movement. They were in power when the Administration asked for an Advisory Council. They were in power when most of the present policies at the School were set up. One has only to remember the political hatred previously cited to see clearly that the School's policies would naturally be attacked by the opposite political faction. And the main objective here is to get at the throat of their political enemies by holding up for public view what the opposition professes to believe is an unsound policy at the School which the other group helped establish.

And one of the great tragedies of this opposition action lies in the fact that young minds are being poisoned and young men are being swayed to take stands they now believe to be just but which they will, at length, repent as time brings the truth clearly to view. And in this interim an irreparable wrong may be done the School and the North Carolina citizens.

The dynamic and unrelenting manner in which some leaders of the opposition have activated themselves has its counterpart in many similar activities in which these men have labored to put leaders favorable to their regime in key positions within the North Carolina Dental Society. The School policies, I repeat are for these men a decoy for the objectives they seek.

Also, control of the patient for monetary purposes is a motivating factor among the opposition leaders. I have only to quote from Item III of their recommended policies to substantiate this: "We feel that patients should be admitted on a referral basis, for a specifically designated treatment or consultation, and the referral should be by licensed, private-practicing dentists, not to include full time faculty members, with the patient sent back to the referring dentist when the above designated work is completed."

The essence of the substance contained in this item is that *if a private dentist decides that a patient should be treated at the School using School facilities and the services of a full time member of the faculty, it is well and good that this be done provided the patient is then returned to the referring dentist.*

In examining this as a model of equity for all concerned, I would ask first by what authority a private dentist is entitled to use the building, equipment, and faculty belonging to four million citizens of North Carolina to his own advantages whenever he may so elect. And by what further authority should the dentist be allowed to withhold this service from a patient unless he, the dentist, desires that the patient have it? Has the patient himself no right, no voice in a matter in which his wellbeing is supposed to be the first concern?

Am I left to concur that if the private dentist is given this total authority, he will not send his never-to-be-satisfied patients to the School? Am I to believe that patients requiring much work and paying poorly will not be "dumped off" on the School? Am I to believe that indigent, or near indigent, patients with conditions that the private dentist would treat were money conditions more favorable will not be directed to the School? Perhaps I am supposed to believe these things, but I do not. And neither do you if you know human nature.

These are only some of the abuses that would occur should dentists be given control over patients' liberties. I have pointed them out to show that leaders of the opposition seek to control patient liberties for selfish material gain. If one wants more proof of this fact, I call attention to all the objections that have been raised to the intramural services. Please observe that not once does anyone imply that the patients' welfare is in the least jeopardized.

And this brings to light the basic question of the foundation upon which health service education and the practice of the health profession rest. Is it upon the material gain to the educated or is it upon the services rendered the needy?

I must repeat that control of the patient for material gain is a motivating factor among the opposition leaders.

Having discussed in some detail the motivating factors of the opposition, I now desire to speak briefly of the objectives that the opposition seek. These objectives are the natural outgrowths of the motivating factors.

Many, as you already know, want only some minor changes in the intramural plan at the School. These are the ones holding the sincere belief that the citizen does not have the right to apply for private treatment at the School. A reassurance by the Administration and the Board that this part of the program will always be subordinate to the teaching program may suffice for those holding this belief.

But those of the opposition whose motivation is multi-rooted and cleverly concealed are more adamant and will not let the more passive element rest. And a search here will unearth such objectives as:

1. Complete control of the North Carolina Dental Society
2. Dictating the clinical policies of the School
3. Relieving John C. Brauer of his Deanship.

One can only judge what the future is to be with reference to any given activity by the direction in which such activity has gone in the

past and is presently going. Dentists from the east, west, and all parts of the State have come to take the speaker's stand and speak of the terrible injustice, so they say, now in force at the School. Such a unified effort on the part of these men has been seen on past occasions when they were struggling to gain control of the Dental Society. To gain this political control is an objective now, with the School policies furnishing the excuse for their activity.

And once they secure this control, they will attempt by still stronger means to dictate all clinical policies of the School. Let no one be deceived by thinking that they are not now employing power politics to carry their objections before the Administration.

It was about 1:00 A. M. Tues., May 18, 1953, when they ignored a strong negative vote of the House of Delegates of the North Carolina Dental Society and carried their objections to School policies before the general session of the North Carolina Dental Society by a dissenting minority of the House of Delegates. Here, the newly aroused members in all but mob violence voted no confidence in all that had gone before in the School efforts of the North Carolina Dental Society.

Those who do not believe that the political leaders now rapidly gaining power in the North Carolina Dental Society will use every means known to political maneuverings in their efforts to dictate the clinical policies of the School simply do not know the fervor, the ruthlessness, and the determined purpose of the men with whom they deal. The School policies, as they now stand, in so far as dental efforts go are of the political regime that the rising rulers are committed to obliterate.

And the last of the opposition objectives that I shall mention is to relieve John C. Brauer of his Deanship. This has its roots in jealousy and personal hatred which I have already discussed. Rumors get around, but rumors are not enough to cause one to lay such an indictment at the feet of anyone of any group. I have said before that I will not deal in personalities, and so I shall not.

But you must believe me when I tell you that on the dance floor of the Carolina Hotel at Pinehurst, on the evening of Tuesday, May 19, 1953, I heard with my own ears coming from the lips of members of the opposition talk of ways and possibilities by which this damnable act might be brought about. Jealousy, hatred, political ambition, and the like are abstractions which if harbored in a man's heart will rob him of all cultural traits and render him base indeed.

You have observed that I am treating this subject, *Our School of Dentistry Faces Its First Crisis*, in reverse chronological order in so far as the North Carolina Dental Society is related to the School.

I now wish to speak of the basic concepts that underlie the founding and the building of the School. And these are three:

1. The inadequate funds for dental education
2. The inadequate material facilities for dental education
3. The inadequate number of properly trained teachers for dental education.

These inadequacies are crippling deficiencies in the dental education program. They seriously threaten dentistry's ability to bring and to maintain its educational program under university discipline.

That a determined effort to correct these deficiencies should be a cornerstone in the School was always agreed upon and consented to by University officials, by medical personnel, by consulting dentists, and by all who labored to bring the School into being. John Brauer never heard anything to the contrary from the time the University's Dental Dean Committee first approached him until the present School policies were formulated, ratified, and put into operation.

And may I enumerate some of the things that have been accomplished by virtue of the soundness of the basic concepts here mentioned.

The School has succeeded in purchasing the best equipment available. Several bids were submitted to the State Purchasing Agency, and the dentists came to bat again to assist in selecting the most practical and adequate equipment on the market.

The Administration, the Dental Dean, and the consulting dentists have been in agreement that the obstacle of too small salaries has been overcome by instituting the intramural set-up whereby faculty members are given a chance to do limited private practice for a fee. It is believed that this policy will give us more adequately qualified teachers at the School and will at the same time act as a stimulus for further work and planning elsewhere. We can set the pace rather than drag behind!

Finally, the dentists were not satisfied that the School start as just another school. They wanted that extra something that would make for greatness rather than mediocrity, something that would provide finances for dental research and other activities not covered by Legislative appropriations. To this end the Dental Foundation of North Carolina, Inc. has been created, and this philanthropic incorporation will in time prove to be the difference between a good and great School.

I repeat that the basic concepts upon which the School was founded are those that take into account the deficiencies in the dental education program and present a determined purpose to blaze the way in correcting these deficiencies.

These foundation principles are well laid. They challenge us to build upon them. I must say frankly that until the opposition came into the limelight I never heard the words, "They don't do it that way in other schools; it hasn't been done that way before; it simply won't work because it has been tried and failed".

"Won't" and "Don't" were not our slogans. "Can" and "Will" embrace the spirit that has brought our School here. And it is this spirit that will carry it forward.

It is my firm conviction that a layman who does not know what has gone before and who is eager to know the truth about the present opposition to School policies may find a meticulous study of what I have said 'til now quite helpful in his search for the truth.

It remains now for me to speak specifically on the point in question. I shall state it as I believe it to be and shall subsequently give my views of substantiation.

The Citizen of North Carolina has the right to apply at the Division for clinical services to be rendered by full time members of the faculty.

In substantiating this claim of personal liberty, it is necessary that I first define the type State of which I consider myself a citizen. I believe that I am a citizen of a State whose government is set up by the wishes of its citizens as evidenced by their votes. I believe that all State property is owned by the taxpaying citizens and that State agencies are employed to administer the services of these so called State institutions equitably among the citizens. In other words, the University of North Carolina belongs to the citizens of the State; and we look to our State Government to protect it and to see to it that the citizens share the University's benefits in fairness to all.

If I am looking at this correctly, and I hope I shall never be forced to view it in any other light, the School belongs to us, the citizens. We worked for its creation; we paid for it; we will pay for its continuation. Consequently, we, the citizens, have an enterprise. It is set up and protected by our laws just as any other enterprise is set up under regulations deemed equitable for all stockholders.

And just what is this enterprise and for what purpose was it created? It was set up as a teaching institution to teach the art and science of dentistry. And we, the citizens, own it.

For the sake of comparison, let us consider another free enterprise set up and owned by a smaller group of citizens. Let us assume that a number of free citizens in a democracy pool their capital and set up a

cotton mill which has as its primary purpose the spinning of cotton yarn. And this is so stated in the articles of incorporation. But as the process of spinning cotton yarn goes on, other aspects of value present themselves. It is found that some of the by-products are of value or can be made of value. These accrue by reason of the equipment, materials, and manpower necessary for spinning yarn.

So the owners are called in and are informed of the worth of these by-products. What is their reaction? Do they fail to grasp their opportunity? Does the law of economics dictate that no use should be made of these valuable by-products? You know this answer as well as I do.

Now, let us return to the School, an enterprise owned by all citizens of North Carolina. Teaching dentistry is our first objective. But the building, the equipment, and the knowledge for rendering service to the citizens who need the treatment and who own the School are there as by-products that come from the necessity of having these facilities for teaching purposes.

When these can be used as by-products without interfering with the teaching program as it should be by all standards of quality, the people who own the institution have a right to its services. And no group of citizens should control the right or privilege of other citizens to seek at his own institution such services as it may be able to render.

We are dealing with personal liberty, a matter vital to the continuation of the American Way of Life. We are thinking of individual freedom in a free-enterprising, democratic State. We are considering taking from the citizen his inalienable right to seek the services that accrue from the functioning of an institution created by his own efforts and paid for by his own money.

Should the State deprive the citizen of such privileges, it would be a totalitarian act. Should the State give one group of citizens the power to take these rights from other citizens, it would still be a totalitarian act. It would be no less than a crime against our people. Whether the citizen is by vocation a dentist, a farmer, a fisherman, or a "whatnot", he has the inalienable right to apply to his own institution for personal services.

Individual freedom is a precious possession, hard indeed to gain but easy to lose. Individual freedom is our most valuable asset, gained and maintained, as said one of our founding fathers, by eternal vigilance. And may I add that this vigilance must be constant and complete; for we are as apt, perhaps more so, to lose our freedom from treachery and unawareness within our own ranks as we are to lose it by attack from outside forces.

By A. C. Current. Sr.

PRESIDENT-ELECT WALKER: Gentlemen, I am one of the opposition. I am not opposed to it 100 per cent but I am opposed to some minor parts of it. Many of those have been corrected, so we are told. We have nothing official in the way of publications to compare that with, that the Dental Advisory Committee approved in October of 1950 and that it is being executed at the School now. I think it should now be cleared up, once and for all, as far as the feeling of the House of Delegates and the North Carolina Dental Society is concerned in this matter.

DR. M. N. TRULUCK: Dr. Walker, I think this group would like to know the date of that letter and when it was presented.

PRESIDENT-ELECT WALKER: July 10, at the Carolina Inn, in the presence of the Committee of Health Affairs of the University of North Carolina, where we had been extended an invitation to present officially the sentiments of the North Carolina Dental Society. How and why this was injected, I have no idea. I just did not like it.

DR. SAM W. SHAFFER: Mr. President, may I have just a few words? I am one of the minority on the Advisory Committee, and I think I ought to say just a few words as to why I oppose it. Unlike Bernie, I am 100 per cent against the intramural program. I think it is the principle of the taxpayers of North Carolina setting up the equipment and offices and letting the faculty use it, which is entirely wrong. It is the highly regarded opinion of many other highly regarded dental educators, that this matter of practice, and teaching in another part, is not compatible. It cannot be done successfully. It is not in the best interests of the students, and that is the primary purpose of the Dental School at the University of North Carolina.

Other dental schools in the country, I believe are highly rated. They have faculties which are just as good as that of the University of North Carolina. I think our Dean is just as capable as their deans and that he can get just as capable teachers here as they can. This quota of \$1000 a man is not going to be any inducement in bringing any man to the University of North Carolina. If it is not more than \$1000 it is not going to help very much.

I believe the University of North Carolina Dental School, with the support of the North Carolina Dental Society, can attain the highest success of any dental school in the country. However, it is my firm conviction that the University of North Carolina Dental School, without the ample support of the North Carolina Dental Society, will not be anywhere near as much of a success as it would be with the support of the North Carolina Dental Society.

I think if this group of delegates here tonight approves the Minutes of the Advisory Committee, they are disapproving the opinion of the huge majority of the Dental Society as expressed last year with regard to the intramural program. I think it would be the absolutely wrong thing to do. Thank you.

PRESIDENT SHEFFIELD: Thank you, Dr. Shaffer.

Gentlemen, it is five minutes after twelve, a.m.

DR. PAUL JONES: I have a point of order. As the introducer of these minutes, and making this report, you notice we did not make any motion to approve these minutes. We want them included in the Minutes of this Society so that everybody could have the benefit of knowing what did go on in this Advisory Committee. I have a right to speak, do I?

PRESIDENT SHEFFIELD: Yes, sir.

DR. PAUL JONES: I am not a member of the House of Delegates, but I did want to say this: I notice there are some here who indict the honesty of some members of the Advisory Committee who disagree with the others. I accept the honesty of both sides, both of the opposition and those who believe the intramural program can be made to work in the limited way it is now being operated there. I support both sides. I support the honesty of both groups of men. I think we are belaboring this program a bit here. We did not ask you to endorse the intramural program. That is not the question before us, at all. We just brought

you a report. You gave us a job to do. We went out and did the job as we saw it, and we brought you back a report. Now, do what you want with it. That is all I have to say.

DR. RALPH FALLS: I am sorry to get to my feet so much, but as to this report, I did not see any reason for bringing it back for a second report. The North Carolina Dental Society has already spoken. Why should we change our minds because some members of the Advisory Committee still approve of it and went on record to this Medical Commission as approving it? It is my impression they gave them the impression that we were behind it.

DR. PAUL JONES: You have not seen the letter Major McLendon wrote to the Executive Committee a little over a year ago advising them that this program had been considered by the Health Affairs Committee and that they had been instructed to observe this program, as it went along, from time to time, and at such and such times they were to evaluate the program and reports were to be made back. That is the reason for it.

DR. RALPH FALLS: Mr. President, has it not been brought out in a letter tonight that as soon as the Advisory Committee goes on record as disapproving this intramural practice, they will abolish it? Why can they not go on record as disapproving, after the Society has already disapproved it? Why did they not go on record as disapproving it, carrying out their official duties as they were elected to do, representing the sentiments of the North Carolina Dental Society, which they knew last year?

DR. PAUL JONES: We are talking about two committees. We had two committees to talk about here. One is the Health Affairs Committee, on which we have no right to report here. I was simply referring to a letter that Major McLendon, who is the Chairman of that Committee, wrote to the Society, and I thought that ought to come out in the record. I am not here to debate the issue either way, but I want that to come out, too, because I think the letter given here tonight has taken priority over the other, has it not, Dr. Walker? You remember the other letter, do you not? I think we should refer to that in connection with this matter.

DR. RALPH FALLS: Dr. Jones, hasn't the voice of the majority of the North Carolina—

DR. PAUL JONES: I am not debating this issue with you at all. I made a report. Throw it out the window if you want to. You do not know if I am for the program or against it, as far as that is concerned. I am merely trying to give you boys the benefit of everything I know, in an unbiased and unprejudiced manner.

DR. RALPH FALLS: I am sure you spoke the truth. I do not know your heart. I feel sure that if we had a secret ballot there would be a lot of voting on the Advisory Committee for doing things that, for personal reasons, they are afraid of. They will not stand up publicly and vote to abolish it, but in their hearts they would like to abolish it. For various reasons personal to them they will not come out in the open and disap-

prove of it because they are afraid they will hurt the Dental College and perhaps some dental students, or for other reasons that are personal to them.

DR. CLYDE E. MINGES: Mr. President, as a point of information, did you not appoint this Advisory Committee?

PRESIDENT SHEFFIELD: Yes, Dr. Minges.

DR. CLYDE E. MINGES: Was it not a new committee?

PRESIDENT SHEFFIELD: It was.

DR. CLYDE E. MINGES: Did you instruct that committee as to the type of report, or do you think that committee would have served had you told them what type of report to bring in?

You appointed that committee, without instruction, to seek the facts and bring them back to you, did you not?

PRESIDENT SHEFFIELD: I was instructed to appoint this committee to present the opposition to the Trustees of the Health Affairs Committee of the University of North Carolina.

DR. CLYDE E. MINGES: The point I am making here is that it was a new committee.

PRESIDENT SHEFFIELD: It was, sir.

DR. CLYDE E. MINGES: That committee was not instructed to bring in a definite report. Certainly, as one member of the committee, I would not have accepted the appointment had I been told what type of report to bring in before I had made a survey.

PRESIDENT SHEFFIELD: Excuse me for a minute. Let me get this straight, Dr. Minges.

You are referring to a special committee appointed at the request of the University of North Carolina?

DR. CLYDE E. MINGES: Yes, and we were not instructed as to our report. We were instructed to get a report and bring it back to you.

DR. RALPH FALLS: Dr. Sheffield, I believe I can answer the question, sir.

DR. CLYDE E. MINGES: I did not ask you, Dr. Falls.

PRESIDENT SHEFFIELD: Excuse me, let me get this straight, sir. Which committee do you refer to?

DR. CLYDE E. MINGES: I am referring to the Advisory Committee.

PRESIDENT SHEFFIELD: Yes.

DR. CLYDE E. MINGES: You appointed that as a new committee.

PRESIDENT SHEFFIELD: I did not. That committee was appointed under Dr. Cleon Sanders' administration.

DR. CLYDE E. MINGES: No, that was a special committee, and a special committee, in order to survive, sir, must be reappointed every year. If that is the case, since a special committee cannot be continued more than one year, then this committee is illegal.

DR. RALPH FALLS: That is it. Dr. Sheffield, I think that expresses the sentiments that have been clearly brought out.

DR. CLYDE E. MINGES: Pardon me, I have not yielded the floor, sir. I just asked the question. If that committee was instructed as to the type of report that it must bring in, it certainly would not have served. I, certainly, would not serve on a committee if I were told, "Here is a situation. You go and investigate it, but you must make such and such a report."

PRESIDENT SHEFFIELD: No, indeed.

DR. CLYDE E. MINGES: That committee was to ascertain the facts and bring them back to this Society, which we have done. Now, gentlemen, it is your baby, and you can do anything you want with it.

DR. RALPH FALLS: This committee which Dr. Minges was on, it has been clearly demonstrated tonight, did act illegally, because they did not bring their report back to the Society. They were not confirmed by the Society, as Dr. Sanders under his administration set up, and they were acting illegally. What authority, what right, did they have to go to the Medical Commission and approve it, as representatives of the North Carolina Dental Society? That is just the point. It was an illegitimate thing all the time.

DR. BURKE FOX: We have a motion before the House. That motion was to disapprove that portion of the Committee's Report made by Dr. Jones, referring to the approval of the intramural program. If we accept that Committee Report without any objection—there is an old saying, "Silence means consent"—and if we accept that Committee Report without objection, we go on record here in the House of Delegates as taking action contrary to the action taken by the General Assembly. Therefore, I should like to have my motion brought to a vote. I think we have talked about it long enough.

DR. CLEON SANDERS: I am here this evening, and referral is being made to the appointment of this Committee under my administration. I did appoint this Committee. Two or three weeks prior to our meeting in May 1949 I had this communication from Dr. House, Chancellor of the University, asking that a committee be appointed representing the North Carolina Dental Society to confer and advise with University officers on matters pertaining to the Dental School. I immediately contacted Dr. Fred Hunt, your Secretary at that time, and Dr. Walter McFall, your President-Elect at that time. Is Dr. Walter McFall here?

DR. WALTER MCFALL: Yes, and everything that was brought out at that time is in the Minutes.

DR. CLEON SANDERS: I do not recollect the rest of the personnel. When that Committee was appointed we tried to appoint three good men from each district, of the five districts. That Committee was activated, and that is the origin of the Committee. I do not remember the exact words there. Bernard has it. Perhaps he can refer to it. However, that Committee was named during this meeting. It was to be ratified by the House of Delegates. So far as I know, it was.

DR. BURKE FOX: It was not. The Minutes show that a recommendation was made as to that, and then you immediately said, "I want to express my appreciation to the various committee chairmen, and if there is nothing further to come before this body I shall entertain a motion for adjournment." If you have the Proceedings there, I can get that and show you exactly what happened. You stated in your Presidential Address that they should be nominated by the President and ratified by the House of Delegates. The Committee on the President's Address came back and reported that they were in favor of carrying out your policy. The Report of the Committee on the President's Address was approved. Therefore, they approved that this Committee should be ratified by the House of Delegates. You nominated them, but they were never presented to the House of Delegates for ratification, and they never have been.

DR. CLEON SANDERS: Well, perhaps you are right, but I do know that the recommendations were adopted. The recommendations I made in my Presidential Address were adopted, and that is what made me think it was the special committee that was appointed. We needed action. We needed to activate this at once. We needed men to work. We needed many things to be done. I assure you I did not drag that Committee out of my hat. I gave it a great deal of thought, and I had no idea in the world that the actions would later be considered illegal. Thus, that is the origin of that Committee.

PRESIDENT SHEFFIELD: Thank you very much, Cleon.

Is there any further discussion? It is twelve-twenty. There is a motion before the House that the Report of the Dental Advisory Committee to the University of North Carolina be not accepted.

DR. BURKE FOX: Be disapproved. The portion referring to intramural practice be disapproved.

PRESIDENT SHEFFIELD: Please restate that motion.

DR. BURKE FOX: My motion was that that portion of the Report of the Advisory Committee to the University of North Carolina Dental School relating to the approval of the intramural program, be disapproved by this body.

PRESIDENT SHEFFIELD: You have heard the motion, gentlemen. Are you ready for a vote?

*(The motion was put to a standing vote.)*

DR. RALPH FALLS: Dr. Sheffield!

PRESIDENT SHEFFIELD: Dr. Falls.

DR. RALPH FALLS: I, for one, as I have stated before, would like for us to vote secretly.

PRESIDENT SHEFFIELD: Dr. Falls, will you allow me to make this suggestion, sir?

DR. CLYDE E. MINGES: As one who voted against the motion, I am willing to admit that the "Ayes" have it, and the motion is carried.

PRESIDENT SHEFFIELD: Well, I shall declare that the "Ayes" have it and the motion is carried.

Gentlemen, it is now twelve-thirty. Have you some quick reports that you would like to present?

DR. MORRIS L. CHERRY: I should like to make a motion that this mistake the gentlemen made be corrected, through the Board of Health, because we received a letter that they approved what these men did, and they did it in ill faith.

DR. W. T. BURNS: I second it.

DR. CLYDE E. MINGES: I object to the words "ill faith." I do not think he means that.

DR. MORRIS L. CHERRY: I apologize.

DR. CLYDE E. MINGES: Granted, sir. (*Laughter and Applause*)

PRESIDENT SHEFFIELD: Dr. Cherry, will you state your motion again, please?

DR. MORRIS L. CHERRY: I make a motion that the Bureau of Health Affairs of the Dental School Trustees be notified of the action that was taken before this House of Delegates tonight, concerning the disapproval of the intramural practice at the University of North Carolina Dental School.

PRESIDENT SHEFFIELD: Do I hear a second to that motion?

DR. GEORGE KIRKLAND: I second it.

PRESIDENT SHEFFIELD: Are you ready for the question, or is there any further discussion?

(*No response.*)

(*The motion was put to a vote and was carried.*)

DR. MARVIN E. CHAPIN: I shall present my report now.

#### ANNUAL REPORT OF THE COMMITTEE ON GENERAL ANESTHESIA

1. This Committee has not had a called meeting during the past year.

2. Correspondence has been carried on regarding a proposed resolution by the New York State Dental Society which was sent to this Chairman through the Committee on Anesthesiology of the American

Society of Oral Surgeons. We herewith submit this material as a part of the formal report.

Letter Received January 14, 1954

Letter Postmarked January 12, 1954

"To Whom It May Concern:

"Acting as chairman of the committee on Anesthesiology of the American Society of Oral Surgeons, I wish to call your attention to the enclosed resolution.

"It is a copy of a resolution already presented before the board of governors of the New York State Dental Society and should serve as a model for other resolutions to be presented to the governing bodies of the various state societies elsewhere. The resolution is self-explanatory and describes the action deemed proper and desirable in the opinion of the committee on anesthesiology. The committee strongly urges all members of the society and other influential dentists to assist in placing such resolutions before the boards of governors or trustees of all the state dental societies.

"If at all possible, such resolutions should be in the hands of the state governing bodies prior to the Chicago midwinter meeting. This will facilitate early action by the American Dental Association. If you are in agreement with the resolution, your assistance will be sincerely appreciated.

"Respectfully submitted for your consideration,

"Edward C. Thompson, D.D.S  
Chairman, Committee on Anesthesiology  
American Society of Oral Surgeons"

#### RESOLUTION

"Whereas, all dentists use all or some type of anesthesia in their practices and

"Whereas, the discovery and use of modern general anesthesia was initiated by dentists and

"Whereas, at the present time there is an active movement to limit and discredit the use of anesthetic agents by dentists and

"Whereas, all types of anesthesia and anesthetic agents are essential in the practice of dentistry and

"Whereas, the health, welfare, and comfort of the public demands the use of anesthesia in dentistry and

"Whereas, dentistry is a scientific health profession with scientific rights, privileges, and responsibilities and recognized in law by all States of the Union.

"Whereas, the American Society of Oral Surgeons endorses the use by dentists of anesthesia and anesthetic agents in the practice of dentistry, and the establishment of a Section on Anesthesia in the American Dental Association, therefore

"Be it resolved, that the Society bring to the attention of the dental profession the efforts to restrict dentists in the use of anesthesia and anesthetic agents in the practices and

"Be it further resolved, that the members of the Dental Society of the State of New York bring this matter to the attention of the Board of Trustees and the House of Delegates of the American Dental Asso-

ciation by introducing resolutions in their component and constituent societies endorsing the establishment of a scientific Section on Anesthesiology at the annual scientific sessions of the American Dental Association."

January 18, 1954

"Gentlemen:

"I wish to submit the enclosed information for your perusal and comment.

"Some time ago various members of the Committee on Anesthesiology of the American Society of Oral Surgeons presented certain phases of the enclosed resolution to the Departments of Oral Surgery in many of the dental schools. These inquiries were received with mixed emotions and no concentrated action was taken at that time.

"The present inquiry is directed toward state dental societies; therefore, I feel that it is the duty of our committee to present this information to our parent organization.

"The enclosed resolution as presented by the Dental Society of the State of New York is vague and ambiguous in its wording and I do not feel that it gives a fair representation to the problem—if one exists. I am not aware of any such movement in the State of North Carolina and I, for one, would not endorse this resolution.

"I look forward to receiving your comments and regret that our geographical locations prevent a formal committee meeting prior to the time of the Chicago Midwinter Meeting.

"Thank you for your cooperation in this matter.

"Sincerely,  
Marvin E. Chapin, Chairman  
Committee on General Anesthesia"

Enclosures - 2

cc: Dr. T. E. Sykes, Jr.  
Dr. T. L. Blair  
Dr. W. P. Hinson  
Dr. K. L. Johnson  
Dr. J. C. Finn  
Dr. H. K. Crotts  
Dr. Ralph Coffey

3. To date there has not been any concentrated action by this Committee regarding the above-cited resolution.

T. E. Sykes, Jr.  
T. L. Blair  
W. P. Hinson  
K. L. Johnson  
J. C. Finn  
H. K. Crotts  
M. E. Chapin, *Chairman*

DR. MARVIN CHAPIN: I should like to get the approval of this report.

DR. M. H. TRULUCK: I make a motion to accept it.

DR. PEARCE ROBERTS, JR.: I second it.

*(The motion was carried.)*

PRESIDENT SHEFFIELD: Gentlemen, if there is nothing more to come before this group, I shall declare the House of Delegates adjourned.

*(The meeting was adjourned at one-fifteen a.m.)*



Admiring the beautiful cabinet made and presented to the Dental Auxiliary by Dr. A. C. Current of Gastonia. Left to right are: Mrs. T. E. Sikes, Auxiliary President; Dr. Amos Bumgardner, President of the Dental Foundation; Mrs. Grady Ross, Chairman of the Dental Auxiliary's Foundation Committee; and Dr. J. C. Brauer Foundation Secretary-Treasurer. The stand has been placed in the foyer of the School of Dentistry and will hold the Memorial Book and the Book of Service.

## GENERAL SESSION

MONDAY MORNING, MAY 17, 1954

The meeting reconvened at nine-thirty o'clock, President Sheffield presiding.

PRESIDENT SHEFFIELD: The second General Session of the North Carolina Dental Society will please come to order!

At this time I should like to recognize Dr. J. S. Betts, of Greensboro, who will give us the Invocation. Will you all rise, please.

*(The audience rose)*

DR. J. S. BETTS: We lift our hearts to Thee, Lord, in thanksgiving and praise that Thou has spared our unprofitable lives to meet again here in the capacity of an organization. We thank Thee for the health of our bodies and the right exercise of our minds. We thank Thee for this meeting which gives us an opportunity of hearing men from other sections of the country who come and give us something unusual that they have solved.

Bless each one of us. Help us to do Thy will, walk in Thy ways, keep ourselves unspotted from the world. Possess our souls' impatience, and keep our hearts in the love of God.

We pray this morning for our homes that are represented here, shield and shelter the loved ones there, let no evil come upon them, and let nothing disturb their peace of mind while we are away.

We pray Thee, O Master, Thou whose love still keeps Thee merciful and full of pity, we bow to Thee, forever blessing. We get ourselves down in the very dust of humiliation in Thy sacred presence, and in this attitude of body and soul our expectant, wishful hearts are filled with a strange, wondrous ecstasy. We are so glad that we can still find Thee close along, the older the way. Give us of Thy love and Thy sympathy, the understanding heart, and if it is better for us to go the rough and rugged road, the dark and stormy way, it is well, for how could we reach for the hand in sympathy, to speak a word in season to him that is weary, unless we knew something of pain or uneasiness, as Jesus knew them long ago?

May we walk patiently, uncomplainingly, and trustingly, ever remembering that Thy dear hand is leading us. Be with us, O God, and as we leave here, let each one of us carry the light of hope in our eyes, and the fire of inspiration in our lives, to do the best we can under the circumstances that surround us.

We ask these blessings, not that we deserve anything at Thy hand, but for Christ's sake.

Amen!

PRESIDENT SHEFFIELD: I shall ask the Vice-President, Dr. Wade H. Breeland, to assume the Chair.

*(Vice-President Wade H. Breeland assumed the Chair.)*

VICE-PRESIDENT BREELAND: Ladies and Gentlemen: It is indeed a pleasure and a privilege to present to you the President of the North Carolina Dental Society, Dr. Neal Sheffield, of Greensboro, North Carolina. *(Prolonged applause.)*

## PRESIDENT'S ADDRESS

PRESIDENT SHEFFIELD: Mr. Vice-President, Fellow Members of the North Carolina Dental Society, Distinguished Guests, Ladies and Gentlemen: On the occasion of our Ninety-Eighth Anniversary Meeting of the North Carolina Dental Society, it is my extreme pleasure to bring you greetings. Two years ago you saw fit to elect me to the high office of President-Elect with a year to serve as an observer before being installed as President. These have been great years for me. During that time I have been reassured of the many sterling qualities possessed by the members of the North Carolina Dental Society. To say that this is a great honor is an unnecessary repetition of facts, and to say that it is greatly appreciated by me is a definite understatement.

When you elected me, without opposition, I was assured of your confidence in me, to direct the destiny of this Society and to chart its course through safe waters. This was a challenge which I accepted, and during my tenure as President of the North Carolina Dental Society I have made an honest effort to serve you to the best of my ability. But I must confess now that all that should have been achieved has not been accomplished, but I feel that progress has been made. I am confident that the able men who will follow me will accept this challenge and go forward.

May we never see the day when the progress of dentistry comes to a standstill—either we go forward or we go backward.

I wish it were possible for every man in this society to serve as president. It would be impossible for one to be associated in this manner and not get a broader view of the possibilities and the responsibilities that go with our profession. I am sure that there would be a greater inspiration on the part of every member to serve our profession in the highest order.

At the time of our Annual Meeting, it is customary to make a progress report and to account for the stewardship during the past year. In enumerating our achievements I want it clearly understood that our accomplishments have been made by the splendid work of all the officers, committees, and each of you as individual members working harmoniously and conscientiously. In reviewing the accomplishments of this administration it will be impossible to name all individuals who have so nobly contributed, but instead I shall refer to the committees as a whole. Some of the committees will be unable to give a positive report of accomplishments, but in many cases the committee has laid the groundwork and sowed the seeds, the results to be seen in the years to come.

It was my good fortune, during the past two years, to attend all the district meetings of the State. I am sure that this was one of the most pleasant duties that I was ever called on to perform. It was a revelation to observe the fine programs at all the meetings. This wonderful spirit of cooperation and hospitality could nowhere be duplicated. The same can also be said of the local, city, and county societies which comprise a great percentage of our state membership. So long as we have these active local component societies there should be no question about the success of our State Society. Observations of these local societies show

conclusively: where good programs are planned, the attendance at meetings will be large. It is the participation in the local and district societies that creates interest and results in the large attendance at our state meetings.

For several years, the fee list of the North Carolina Industrial Commission had not been revised. Consequently, the fees were low and the policy of the Commission was, in many cases, to cut the bills when rendered. Early last year a special committee was named to go before the Industrial Commission to revise the fee schedule. This committee was very successful in securing a fair fee schedule, a copy of which has been furnished the membership of the state.

The Public Relations Committee is to be commended for their close cooperation with many local societies in the state during the Sixth Annual National Children's Dental Health Day, the week of February 1. Television stations at Greensboro, Charlotte, and Raleigh carried dental health programs in forum form to large viewing audiences, and this is the first time that television has been used to bring dental health programs to the people of our state. Parent-teacher groups, schools, civic clubs, the press, and radio aided materially in making this event a successful one.

I wish to congratulate the members of this Society for their wonderful response to the Christmas Dental Relief Seals. The last report from the American Dental Association on the sale of the seals by the members of the North Carolina Dental Society showed that we had exceeded our quota.

The Dental Laboratory situation in North Carolina enjoys an enviable position in their relations with the dental profession, and it is due, in a great measure, to the excellent work of the Prosthetic Dental Service Committee. In this respect our state stands among the top in the nation. California is the only state that compares favorably with the work being done in North Carolina, and it appears that the plans being used in both states are similar and that neither of the states knew of the other's plans.

At this time I should like to pay tribute to the Executive Committee who has been a great source of aid to me during the year. Their wise counsel and mature judgment has been a great sustaining force in the smooth running of our society.

The Program Committee has done a monumental service this year. They began work very early last year as soon as they were notified of their appointments, and, as you will observe from the program, they have given us a wide variety of subjects and some of the ablest essayists and clinicians to be found in the country. Every member of the North Carolina Dental Society should be greatly benefited by the work of this committee.

I should especially call your attention to the outstanding work of the Advisory Committee to the School Health Coordinating Service. This committee has made a close study of the manner of the distribution and supervision of the funds appropriated by the State of North Carolina. Careful consideration should be given this report in the House of Delegates, and every member should study the published report in the Proceedings.

The Insurance Committee has had a busy year, and they will be working during our convention in order to reach the goal of 50 per cent of the membership in the American Dental Association Health and Accident Plan. We have some encouragement that a reduction in rates of the Dental Liability Group policy will be allowed by the North Carolina Insurance Commission which held a hearing in Raleigh last Thursday.

*District Officers Conference.* After observing the splendid work of the National State Officers Conference in Cleveland, and at other National Meetings, it was decided to organize a District Officers Conference for our state. Following the District Meetings last year, a date was set for our first State District Officers Conference, which was held on November 22, in Greensboro. The response to the meeting was almost perfect attendance by both state and district officers. A full day was utilized in discussing the duties of the new officers, who had only recently been installed at their district Meetings. Great interest was shown in all the discussions, and methods were offered to standardize the records in each of the districts to conform with that of the State Secretary. Plans were made to greatly expedite the registration at the State Meeting by having identification badges prepared previous to our meeting, for all members who have paid their dues.

*Centennial Celebration.* Realizing the highly historical importance of the One Hundredth Anniversary of the North Carolina Dental Society, a committee was appointed to begin plans for a fitting and appropriate celebration of this event. This committee has made notable progress on this project, and I feel sure that the officers who follow me will concur in this very important undertaking. Each member of this Society should feel that he is a member of this committee and come forward with constructive ideas so that in 1956 a program and celebration will be held that will do justice to this important occasion.

*The Division of Oral Hygiene.* We wish to commend the Division of Oral Hygiene of the North Carolina State Board of Health for its progress in making the people of our state conscious of the importance of good dental health. The oral hygiene work of the State Board of Health had its inception through the efforts of our beloved Dr. J. C. Watkins and Dr. J. Martin Fleming. The work was really born during the meeting of the North Carolina Dental Society at Wrightsville Beach in 1917. For more than twenty-five years now it has functioned under the direction of Dr. Ernest Branch.

In addition to providing necessary dental corrections for thousands of underprivileged children, the program has been the means of acquainting tens of thousands with the dentist and his services and of influencing them to visit the private practitioners. The dentists on the staff of the Division of Oral Hygiene refer many thousands each year, from families who are able to take care of their dental needs, to our offices for dental advice and treatment. We, as individual practitioners, should be vitally concerned as to just how well received these children are when they visit us in our offices for professional service. Whether or not they return

for subsequent visits is up to us. Let us all work together to improve the dental health conditions of our people.

*Civil Defense Program.* The American Dental Association has agreed to assist the Civil Defense Administration program by encouraging and guiding its constituent societies to cooperate fully with our own state or territory Civil Defense Commission.

In his State of the Union message President Eisenhower made the definite statement, "Civil defense responsibilities primarily belong to the state and local governments—recruiting, training, and organizing volunteers to meet any emergencies." Why should we concern ourselves with Civil Defense? The answer is that an unfriendly nation is developing weapons that are capable of causing 75,000 to 100,000 casualties for each well-placed bomb on a large metropolitan area. The Federal Civil Defense Administration has said that the use of the H-bomb would mean an even greater degree of disaster with which organized civil defense must deal. As long as we have these potential dangers to our country we must be prepared to meet them. Of course, we as dentists, would expect to do our part in case of an emergency. To do that we must be trained to meet such an emergency. This training must be *before*, not *after*, the bomb falls. The matter of civil defense should be given serious consideration. Adequate training of the members of our profession should *never* lag behind. We must be able to act in time of an emergency.

*The A.D.A. Meeting.* It was my happy privilege to attend, with the other officers and delegates, the meeting of the American Dental Association in Cleveland, Ohio. I am glad to report that it was truly an inspiring meeting. Despite the confusion and uncertainty of world conditions today, the spirit of the leaders and the members showed strong determination to solve the problems of our profession by a sincere approach to these problems and a desire for a concerted effort by the committees for a job well done. I was very much impressed by the messages of the foreign representatives to the American Dental Association. These messages came from most of the countries of the free world either in person or by cablegram. These representatives plainly showed their great admiration for American dentistry and a great respect for the progress and ability of American dentists.

*Television and Dental Education.* Dentistry will have available soon one of the greatest opportunities for Dental Education in the field of television. The University of North Carolina has received more than a million dollars for this major station—Channel 4—which is designed entirely for educational purposes and will be on the air about October of this year. Plans are under way now for the preparation of a series of educational programs beginning in October in which dentistry will have a considerable number of hours each year.

The North Carolina Dental Society has a great responsibility in lending every encouragement and assistance in producing high-type programs to be telecast to the people of the state. In order that this series of dental educational programs may be closely integrated with the North Carolina Dental Society it is recommended that a standing committee

be appointed from this Society to be known as the Television Committee. This Committee should be composed of two members from each of the five districts of the state to work with like committees from the North Carolina Medical Society and probably other health groups in the state. The specific purposes of this committee would be cooperation and coordination, and to reflect the desires and opinion and give counsel to various television programs that might be developed, and perhaps assist in their development.

*Our 1954 Graduating Class.* This June marks an epoch in the history of North Carolina dentistry in that we shall see the first North Carolina men graduated from the first class of the School of Dentistry of the University of North Carolina. We are all familiar with the events leading up to the establishing of our Dental School. We recall the valuable advice and counsel of Dr. Harlan H. Horner, then Secretary of the Council on Dental Education. Then came the Dental Survey of the late Dr. John T. O'Rourke of Tufts Dental College, Boston, Massachusetts, which showed so forcibly the need of dental education in our state. We recall the monumental efforts of our late Dr. Henry Lineberger and many other leaders in our profession whose unselfish sacrifice and loyal determination inspired not only the members of our profession but also the people of the state from the mountains to the sea. North Carolina was destined to have a dental school.

In order to remind you of the heritage and the high ideals on which our profession was founded, permit me to read some excerpts from the first lecture delivered before the first class of the first dental school in the world on November 3, 1840, by Dr. Chapin A. Harris, one of the founders of the Baltimore College of Dental Surgery, which is as follows: "Gentlemen, the profession for which you are preparing is honorable: it is useful; it is one that will enable you to be serviceable to your fellows—to relieve much of human pain, and to mitigate many mortal woes . . . If you would be able to arrest the diseases that come within the province of the profession for which you are preparing, and prevent the various evils that are frequently consequent thereupon, or, in other words, if you would be able to preserve those invaluable organs, the teeth, and thus secure to those by whom you may be consulted one of the greatest of earthly blessings, a healthy denture, endeavor to attain the knowledge that will enable you to do it . . . If you would command respect, and enjoy the confidence of those among whom it may be your lot hereafter respectively to reside, let it be your persevering endeavor to deserve them. Resolve that you will not be satisfied with mere mediocral abilities in the calling for which you are qualifying. Resolve to put forth all your energies for its acquisition, that you may be able to take rank among the most scientific and skillful."

Our first graduating class holds a unique position in that they will be pioneers in the second hundred years of organized dentistry. You have inherited much from your predecessors, truly dentistry has advanced, but on the other hand, there is much to be done, many problems are yet to be solved which offer a challenge to you and those who follow you. The North Carolina Dental Society extends a big welcome to each of you and we shall be looking forward to having you join the ranks with us. To you we wish, "Godspeed!"

*The Dental Auxiliary.* The Dental Auxiliary of the North Carolina Dental Society has in its short span of existence become a great sustaining force in the North Carolina Dental Society. They have done outstanding work in public relations, student loan funds, and scrap amalgam drives. It is hoped that this organization will grow and make its force for good felt more and more as the years go by. There is a great field open for this group in dental education through the parent-teachers associations. We wish to congratulate the Women's Auxiliary, as well as the members of this society, for the wonderful team work in the amalgam scrap drive during the year, in which the proceeds amounted to \$1673.

*The Fluoridation Program.* The fluoridation program has made progress during the year in North Carolina, as well as in the nation. There has always been opposition to progressive health programs by the minority. There is now a proposed bill (H.R. 2341) which would have the federal government prohibit the fluoridation of community water supplies throughout the nation. Public hearings on this bill have been scheduled for May 25-27 before the House Committee on Interstate and Foreign Commerce, in Washington, D. C. I would strongly urge all members of this Society to wire or write their Congressmen immediately and express their views on this proposed bill.

Dr. Leslie M. Fitzgerald, President of the American Dental Association, said: "As professional men it is our duty to advise members of Congress on fluoridation just as it is our responsibility to advise our patients on the prevention and treatment of disease. Fluoridation has been proved to be a safe and beneficial health measure. The scientific facts are available. They are not going to be changed by a show of hands of any political group. It is time that the profession make its voice heard in opposition to this propaganda measure. Let us take positive action on this matter in the House of Delegates.

*Executive Secretary.* As each year goes by we are more acutely aware of the ever-increasing duties of your state officers. Three years ago this Society went on record as favoring the employment of a full-time Executive Secretary. The Executive Committee was instructed to put the plan into operation as soon as it was deemed feasible. It would seem that in the employment of a man to act in this capacity, it would be necessary for him to employ additional help to execute the details in handling the affairs of the Society, which would run the cost to a prohibitive figure.

Let us make a more modest beginning by employing a capable woman experienced in typing and bookkeeping to act in the capacity of a corresponding secretary. A major portion of the detail work of all the officers could be channeled to the corresponding secretary. Now is an opportune time to inaugurate this plan since all our officers for the ensuing year are men with several years' experience and would be highly capable of setting up this new office in a most efficient manner.

*The Dental Foundation.* The first phase of the Dental Foundation of North Carolina in which the dentists of the state in one month contributed \$100,000 is now history. This shows the keen interest that the profession has in its advancement. Plans are under way now to activate the second phase of the Dental Foundation wherein suitable contacts

may be made with nonprofessional people to enlist their interest in dental education and research.

The part of the Dental Foundation that I would most emphasize at this time is the card in lieu of flowers plan of the Foundation. There is no finer way of showing your deep respects to the departed member or loved one, and at the same time, helping set up a fund in their memory to further research and dental education. The letter which is sent by the Dental Foundation to the bereaved family is most appropriate and will be cherished by its recipients for many years to come. Flowers are very beautiful and convey tender thoughts, but soon they fade. I would strongly urge you to use the card in lieu of flowers to pay tribute to the departed friend, and at the same time, you will be rendering a great deal to dentistry and the future, as related to research.

*Delegates to the A.D.A.* We have observed with considerable pride that the delegates of the North Carolina Dental Society, over a period of years, have received a large share of recognition with the American Dental Association, and this can best be maintained and strengthened by electing men who are willing to serve as delegates over a period of years, thus gaining valuable experience and seniority. At the present time only the delegates and alternates are admitted to the sessions of the House of Delegates, and while the Vice-President and Secretary are expected to attend the meeting of the American Dental Association they are not permitted to observe any of the sessions of the House of Delegates, even from the balcony.

At the present time the delegates consist of the President, President-Elect, and three members elected by this Society, with five alternates elected in the same manner. There is a change of nearly one-half of your delegation every two years. It would seem advisable for the North Carolina Dental Society to elect its delegates for a specified term and make the President, President-Elect, Vice-President, Secretary-Treasurer, and Editor alternate delegates to the American Dental Association, except in a case where any officer was elected as a delegate by the Society.

The following recommendations are offered for your consideration:

1. That plans be carried forward by the Centennial Committee to celebrate the One Hundredth Anniversary of the founding of the North Carolina Dental Society.
2. That a standing committee be appointed to be known as the Television Committee to work with like committees from other health groups in planning programs for the new Educational Television station which will be a part of the University of North Carolina, Chapel Hill.
3. That steps be taken as soon as possible to secure a corresponding secretary to help ease the ever-increasing load of your state officers.
4. That the delegates to the American Dental Association be elected by this Society for a specified term, and the President, President-Elect, Vice-President, Secretary, and Editor automatically be made alternate delegates, provided that none of the state officers were elected to serve

as a delegate. This would allow certification of all state officers for admission to observe all of the proceedings of the House of Delegates of the American Dental Association.

5. That the series of splendid newspaper articles on Dental Health, prepared by the Council on Dental Health, with a circulation of 800,000 which appeared in the Sunday, daily press and weekly newspapers of the state, be made available, in booklet form, for further distribution to the profession, schools, and other lay groups in the state.

*Conclusion.* In the closing years of the first century of organized dentistry, we look with confidence to the future, and the bright ray of hope we see on the dental horizon for the second century of our profession is the splendid, well-qualified group of young men entering our profession. Basic dental research, dental education for the public, and adequate dental service for children, will be the key to the advancement of our profession in the second century, and as these increase we will see the pendulum swing from restorative dentistry to that of preventive dentistry.

I would not want to close these remarks without expressing again my sincere appreciation and gratitude to the splendid group of officers of this Society with whom it has been my pleasure to be associated during the year. They have contributed a great degree to the success of this administration. My thanks go to all committees, our most efficient Board of Dental Examiners, and to each member for your cooperation and understanding. My final word to you is a plea for unity in facing the problems of our profession. Let us enter all deliberations in a prayerful mood, and resolve now that we will dedicate ourselves to the building of a greater profession and a greater service to humanity. (*Prolonged applause.*)

VICE-PRESIDENT BREELAND: Thank you, Dr. Sheffield.

Ladies and Gentlemen, I am confident that I express the opinion of everyone present when I say that this message was very instructive and thought-provoking.

Neal, it has been a pleasure to work with you this year. I should like to take this opportunity to thank you for a job well done, and to particularly commend you on your vigorous challenge for harmony and unity, if you please, within the ranks of dentistry in North Carolina.

It is customary to appoint a committee to report on the President's address. I should like to appoint, at this time, Drs. D. L. Pridgen, C. A. Pless, and Fred Hunt.

I now turn the Chair back to President Neal Sheffield.

PRESIDENT SHEFFIELD: Thank you very much, Dr. Breeland.

We shall now have the introduction of out-of-state guests by Dr. J. W. Branham, of Raleigh, Chairman of the Out-of-State Visitors Committee.

Dr. Branham! (*Applause*)

## INTRODUCTION OF GUESTS

DR. J. W. BRANHAM: Dr. Sheffield, Members of the North Carolina Dental Society: It gives me a great deal of pleasure to present you this morning our out-of-state visitors. Due to the long list here, to expedite time, I wish you would withhold your applause until I complete the list. As I call these names, I wish the people would stand. After we have finished the list, we shall give you a hearty welcome.

Dr. L. D. Pankey, Coral Gables, Florida  
Dr. F. H. Worthington, Warwick, Virginia  
Dr. Alec Epstein, Richmond, Virginia  
Dr. Paul Hawkins, St. Petersburg, Florida  
Dr. John B. Todd, Hampton, Virginia  
Dr. C. B. Hall, Washington, D. C.  
Dr. Ralph E. McAllister, Washington, D. C.  
Dr. Guy R. Harrison, Richmond Virginia  
Dr. C. V. Halpin, Lancaster, Pennsylvania  
Dr. James P. Broaddus, Franklin, Virginia  
Dr. Eugene B. Wyman, Cambridge, Mass.  
Lt. Thomas J. Patterson, Fort Bragg, N.C.  
Dr. C. W. Powell, Waynesboro, Virginia  
Dr. S. F. Bumgardner, Columbia, South Carolina  
Dr. E. G. Bumgardner, Columbia, South Carolina  
Dr. R. F. Freeman, Richmond, Virginia  
Dr. Hume S. Powell, Richmond, Virginia  
Dr. Julian P. Todd, Jr., Richmond, Virginia  
Capt. Francis J. Bell, Fort Bragg  
Dr. Alton D. Brashear, Richmond, Virginia  
Dr. C. W. Carrick, Oberlin, Ohio  
Dr. P. L. Connor, Youngstown, Ohio  
Dr. P. B. Hair, Spartanburg, S.C.  
Dr. Howard B. Higgins, Spartanburg, S. C.  
Major Charles Kaplan, Fort Bragg  
Dr. A. E. Lawrence, Chattanooga, Tenn.  
Dr. Harry Lyons, Richmond, Virginia  
Dr. G. C. Nichols, Chester, South Carolina  
Dr. G. A. C. Jennings, Richmond, Virginia  
Dr. Bob Thomas, St. Petersburg, Florida  
Dr. P. E. Williams, Dallas, Texas  
Dr. W. Glenn Worstell, Pittsburgh, Pa.  
Dr. Vincent R. Trapozzano, New Port Richey, Fla.

There are others, probably, who have not registered or whom I have overlooked.

At this time, will you please stand? On behalf of the North Carolina Dental Society, it gives me a great deal of pleasure to welcome you here to our Ninety-Eighth Anniversary Meeting. We hope you will enjoy your stay and come back to see us again. Thank you very much. (*Applause*)

PRESIDENT SHEFFIELD: Thank you very much, Dr. Branham. One of the most pleasant parts of our meeting, which we look forward to from year to year, is the welcoming of the out-of-state visitors who come to us. We want you to feel welcome, we want you to have a good time, and come back and see us again.

At this time I should like to recognize Dr. Clyde E. Minges of Rocky Mount, who will introduce our next speaker.

Dr. Minges. (*Applause*)

DR. CLYDE E. MINGES: Mr. President, Members of the North Carolina Dental Society, and Guests: I am happy, this morning, to be able to present to you one of the outstanding authors and dental educators in the world today. He is the possessor of a brilliant mind. He is one of the most forceful speakers I have ever had the privilege of listening to. He adds greatly to any program on which he appears. I feel we are indeed fortunate to have such a man on our program today. It is, therefore, an honor and a privilege for me to have the opportunity of presenting to you Dr. Harry Lyons of Richmond, Virginia, Dean of the Medical College of Virginia and speaker of the House of Delegates of the American Dental Association.

Dr. Lyons! (*Applause*)

### HOUR OF DECISION

DR. HARRY LYONS: Dr. Sheffield, Dr. Minges, Fellow Members of the North Carolina Dental Society, and Friends: Dentistry has traveled along history's highway for several thousand years. In this span of time it has come to many crossroads. Only a few have had signposts. At each of these crossroads important decisions were made, most of them with wisdom greater than was known or appreciated at the time. On occasions, turns in the road and decisions were made in darkness and without an awareness at the time that the course of travel had been changed. One might wonder whether dentistry now stands at an important crossroad. I think it does. Again, there is a question of awareness at the moment. I think the signs are unmistakeable. Let us analyze them, for this is truly an hour for important decisions.

There are, first, political clouds that point to an approaching crossroad and a decision to be made. I need not remind you of the several years of legislative agitation through which we have just passed, with reference to some form of nationalized health service, with dental care as an important aspect of such a program. I doubt very much that the hour of real decision on this subject has yet been passed, as some may believe. While the present national administration has veered away from the trend started by the previous administration, there is, nevertheless, a continuing interest in the subject. The threat to the private enterprise system of health service care and education is by no means significantly abated by the recent change in the national administration. The promoters of nationalized health service programs are still at work. They have not changed their interest or their feelings. There is merely a political lull at the moment. In this lull, the health service professions should exercise their full energies toward the development of professionally administered programs of health care distribution to all segments of our population. In failing to accept this responsibility, the health service profession may forfeit their present status in the not too distant future.

We rest on our oars at our own peril. It is not enough to condemn the proposed plans of others. We must propose better plans. We cannot contend logically that the status quo is good enough. As the hour of decision on this subject approaches one might shudder to think of the turn in this important crossroad which we may take. While the problem

of nationalized health service has been debated at great length, and we have been admonished to get our own house in order with plans better than those proposed by others, we must admit that we have done very little in our own self interest and especially in the interest of the public's welfare.

More closely related to the threat of a nationalized health service than is at first apparent, is the problem of the inclusion of dentists and physicians under Old Age and Survivors Insurance of the Federal Social Security System. I do not deem it appropriate to discuss, at this time, OASI as regards its basic value in relation to the lower economic strata of our population, or to analyze its questionable economic basis. I do, however, deem it most important to call your attention to one point of view related to our profession. The voluntary accession by dentists and physicians to inclusion under OASI would be an admission that these professional groups of educated persons are unable to provide, individually and independently of a paternal government, for the contingency of their own old age. On what logical basis could dentists and physicians then contend that the masses of less learned and less fortunate people can provide their own health care costs, especially in cases of catastrophic illnesses? I hold to the opinion that voluntary agreement on the part of the health service professions to be included under OASI would mark the end of logical and valid opposition to any nationalized health service. I would deem such an act nothing short of the beginning of rapid deterioration of our present basic system of health care. What you ask for yourself in one field you cannot logically deny to others in closely related and analogous fields.

Dentistry is approaching a crossroad in the basic nature of dental care. The utilization of public water fluoridation and highly effective dental health educational measures are likely to change the complexion of the practice of dentistry within our own lifetime. This is made all the more likely by the possibility of more effective control measures in the category of periodontal diseases and a greater emphasis on dental care for children. Those of us in dental education should be especially alerted to the possible change in the character of dental practice in the next few decades in order that we may condition our present students for the changing trend.

Dental education and licensure are also approaching crossroads and hours of decision. The general underlying philosophy and examination technics related to the responsibilities of examining boards have not changed to an appreciable degree since these legal agencies were first created. It is no secret that dissatisfaction with reference to some of the prevailing practices of state dental examining boards exists rather widely. This dissatisfaction was sharpened by dentists in the military service. It would appear that state dental examining boards are at a crossroad at this moment and should recognize this as an hour for important decisions by them. The decisions to be made in this area of dentistry in the next few years will determine many of the turns which dental education may make in the next decade.

Dental education itself is confronted with many important decisions at the moment. Is the present dental curriculum adequate to meet the

needs of the present and the future? Should dental schools seek federal aid with all the hazards of federal regulation and control? What other courses can dental schools pursue in relation to their difficult financial problems? What can schools do to attract more and better teachers? What can be done to afford superior persons attracted to dental education a standard of wages comparable to their true value? What can be done to recruit professional students with the qualifications deemed to be necessary for dedicated professional services? The answer to these and many other questions will represent a turn in the crossroads facing dental education and the profession.

We must face up squarely to an alarming economic trend with tremendously important social implications to dentistry. I refer to the rapidly rising cost of dental education. The cost of dental education is increasing markedly both to the dental schools and for students of dentistry. This is making it impossible for many superior students to pursue courses of study in dentistry. Not only are many basically superior individuals denied opportunities for careers in dentistry, but the public is also deprived of the services of these talented persons. It would appear that in its own self interest the public should provide financial assistance for these superior students of limited means in dentistry and other fields of importance to the nation's health and welfare. This might be done by an appeal to philanthropies, industries, or possibly to banking and insurance institutions. The public should be made aware that the cost of dental education is increasingly more expensive not only for the student but also for our dental schools to provide. If dental education is to make expected advances the public must be made aware of the greater need for the financial support of dental schools.

Another crossroad facing dentistry carries the label of the specialist. Specialization within the several fields of health care constitutes a social trend of great importance and one which has shown marked acceleration within recent years. Specialty boards have developed in great numbers to lend some measure of control and possibly dignity to specialization in narrow and restricted fields. It appears that the time has come when this problem, both in medicine and dentistry, should be reviewed critically. Is the interest of the public best served by an expanding trend in the development of health service specialists? On this trend depends the status of the general practitioner upon whom the heaviest load of health care must continue to rest. Should we not point greater efforts toward the preparation of better general practitioners rather than emphasizing the specialist? Some time soon a decision must be made on this point.

The profession of dentistry must soon make up its mind on the question of who is to support dental research. Should it be the manufacturer and vendor who has mainly a financial interest in dental products? Should we also make the common error in this connection of knocking at the door of the Federal Treasury for this purpose? How and by whom should an appeal for research funds for dentistry be made to philanthropic foundations and persons? Is it not high time that dentists face up to their own obligations in support of research and dental educa-

tion? I recognize that this is a sharply pointed question and yet it appears highly appropriate. In securing our dental educations all of us have benefited to the extent of several thousand dollars by virtue of the fact that we paid only a small portion of the cost of our education. As a result of this contribution, we have been able to assume professional stature and enjoy greater earnings. I do not believe that it is inappropriate to suggest that we should repay our debt by supporting dental education and research. This may be done by supporting your Alma Mater and the school in your state. To do otherwise is to persist in a position that is not very complimentary to us—that of taking everything and giving little or nothing in return.

These are only some of the pressing problems facing dentistry and calling for important decisions. Many others could be cited. Societies such as yours and mine at the local and state levels must recognize that the responsibility for these decisions is ours and should not be passed on to others as, for example, at the national level. It is an historical fact that men generally dislike decisions made for them by others. Such decisions savour of regulations imposed by rulers. Here, then, is a challenge. We can meet on occasions such as this, listen to fine papers, share the joys of fellowship, ignore the pending problems confronting our profession, and return at a later time to complain about trends and decisions made for us by others. Or, we can add these weighty problems to the agenda of meetings such as this one. This, too, is in itself a decision to be made, and the hour of decision is now! (*Applause*)

PRESIDENT SHEFFIELD: On behalf of the North Carolina Dental Society, Dr. Lyons, we want to thank you for this very splendid message that you have brought to us today.

Our next speaker on the program needs no introduction to this Society. In fact, he is a native North Carolinian. Early after graduation, he practiced in North Carolina. At this time I should like to present to you Dr. Howard B. Higgins of Spartanburg, South Carolina, Trustee for the Fifth District of the American Dental Association.

Dr. Higgins, we would be most happy to hear from you at this time. (*Applause*)

#### REPORT OF THE FIFTH DISTRICT TRUSTEE HOWARD B. HIGGINS, D. D. S.

DR. HOWARD B. HIGGINS: Mr. President Sheffield, Dr. Clyde Minges, Past President of the American Dental Association, Dr. Harry Lyons, Speaker of the House of the American Dental Association, Guests, and Fellow members of the North Carolina Dental Society: It is indeed a pleasure and a privilege for me to bring to you greetings from the American Dental Association, your parent organization which is working for the interest of our profession and for the interests of the general welfare of the public of America.

I heartily agree with Dr. Lyons that at this time there are many hours of decision, many crossroads, many bends, many bumps, many rough places, and many serious decisions that you, on the general average level of organized dentistry, must put your shoulder to the wheel and work faithfully for, as you have in the past, not only in your interest of your profession, but in the interest of the welfare and the service for health's sake of the general American public.

We have one of the best dental associations in the world—recognized as that. How has it been built? Not by sitting back and resting on what has been accomplished by the men who have worked faithfully before us, but by continual work—and it must continue that way.

The American Dental Association's members today are at an all-time high. As of December 31, 1953, the membership was 70,127. There were over 70,000 active and inactive members of the Association. There are approximately 89,000 active members in our profession. I am proud of this record. It is the services that the home organization, your state organization, and the other state organizations give to the dental public which is the reason, I think, that seven out of eight men in our profession belong to organized dentistry.

Let me touch, for a minute, upon the student organization and membership. This is something the home office has been trying to sponsor and develop for the last few years. At this time there are approximately 9500 dental students that are members, with student membership, of the American Dental Association. The reason for that is the general development the American Dental Association wants to create with the future dentists, the men whom the dental schools are trying to develop and build into dentists who will take your place and mine in organized dentistry and in service to the American public.

Dental education: today there are forty-three dental schools which have an enrollment of approximately 13,000 undergraduate students. This is compared to 11,000 five years ago, and 8000 in 1946.

At this time I should like to touch just a little upon the general aptitude tests that the dental schools have been using, I should say, with the sponsorship of the dental schools, the Council on Dental Education, and the American Dental Association. The percentage of failures has been cut from 10 per cent in the last few years to approximately 2 per cent. I think that is something to be considered and looked at as something which will save manpower hours in our profession.

The building program of the American Dental Association is something that has been taking place gradually for the last several years. Your home organization has outgrown its present facilities. We are, at this time, beginning an expansion or building program. This program will cost approximately a million dollars, or more. I am glad to say that at this time \$500,000 of that amount has been set aside and marked for the building program.

Federal legislation is another important thing that should interest all of us more than it does. I am indeed glad to say that Dr. Lyons touched upon this, but at this time the American Dental Association's Legislative Committee is hard at work, and has been for some time. One of our own fellow members, Dr. Paul Jones, is one of the senior members of this Legislative Committee. It is men such as Dr. Jones and the others on the Committee of Legislation who are looking out and watching for the general welfare of our profession. Many bills have been introduced which affect our profession, not only at the national level, but at the state level. As Dr. Lyons touched on the subject, and I heartily agree with him, in the present administration there has been very, very little change of the general policies or ideas in comparison to the past administration. Don't let it fool you. Our enemies are still working, and they are working hard. Don't be lulled to sleep nor stick your fingers in your vests, throw your chests out, and brag about what we have. Let us do it just a little better.

I am looking for a bigger and better profession, and it must continue to grow. How will it grow? By your work at your own home level, your part of the very foundation that builds better relationships between our organization and the general public. That is the way. If you are to go into building better legislation, better service to the public, you must first start at home with better relationships there.

I am glad to say that I feel at this time the American Dental Association has good public relations with our public. I am also glad and proud

that better relationships are now growing with our medical profession and all of the other healing professions.

With regard to the fluoridation that your President touched upon, as did Dr. Lyons, your former speaker, I am not going to take that up, but I earnestly urge you to seriously consider such things. The hearing will go on for three days in Washington. Such legislation as this was introduced by Representative Wier from Minnesota, and a man from Indianapolis, whose own home town, the other year, voted in the city council ten in favor of fluoridation of the water supply, and two opposed. Such things as the introduction of this bill in your House of Representatives is just one example of the things that cost money for our profession. However, in combatting such legislation, such as this and many of the other things that are detrimental to our profession, for which they continually watch, in our interest, lies the job of your Legislative Committee at home. Such men as Dr. Jones and many of the others are always on the alert to combat detrimental legislation.

I should like to touch upon insurance—just one more item in regard to what Dr. Sheffield mentioned. As of last Thursday, your state needed thirty-two more applicants to participate in your Health-Accident Group Insurance. They must have 50 per cent of the membership of the state, in the present setup, in order to get recognition for this insurance. This insurance will give a health and accident policy for up to \$400 a month for impaired medical risks, if there are 50 per cent, or more, applicants in the individual's state. The medically impaired risks will be given a policy on disability for up to \$200 a month. I urge upon you to seriously consider this, for this is a group insurance health and accident policy that gives you protection that many of the other health and accident policies will not give you, giving you as high an age limit in regard to the accident. This group policy also offers you a lower rate of cost than do a number of the others.

I should like to touch a bit upon false advertising as one of the greatest dangers that is lulling our public with false ideas of what is best for their dental health. I am referring to the wild statements of different toothpaste ads, and many of the other things we see upon the television screen and hear on the radio.

In regard to the American Dental meeting that is to be held in our own home district, in Miami, Florida, this November, there is a fully scientific dental meeting. I should like to urge upon all of you to attend this meeting in Miami. There will be many, many things offered. Regardless of what special field or special interest you have in your profession, you will find a very constructive program that will be of interest to you. Let us make every effort possible to attend this meeting.

I wish to thank you very, very much for allowing me these few minutes to talk to you. I have always enjoyed coming to my home state, and I wish to each and every one of you, the best. Thank you! (*Applause*)

**PRESIDENT SHEFFIELD:** Thank you very much, Dr. Higgins, for your very splendid remarks.

At this time I should like to mention the health and accident insurance: we are going over the top. We only lack thirty-two members in making this total 50 per cent of our membership. Here is the point I should like to make. In the North Carolina Dental Society there are, I would venture to say, 200 men who cannot buy any insurance anywhere. The 50 per cent of the men who have enrolled under this plan have their protection up to the maximum. This plan will not be successful unless you men avail yourselves of this opportunity and get your protection in this insurance. If you pass this up at this time, the period will close shortly. It is very important for the man with impaired medical risks to enroll now and get his insurance, because he will not be able to do so later.

At this time I should like to recognize Dr. S. P. Gay of Greensboro, who will introduce our next speaker.

Dr. Gay!

DR. S. P. GAY: The introduction I am about to make can be done with pleasure and confidence. For nearly twenty years I have known this man as a dentist and a friend. He is a student of dentistry and a seeker of knowledge. He is a master craftsman in dental technics and procedures, particularly in the field of restorative and prosthetic dentistry. He is an exponent of superior dentistry. When a patient needs work in a field in which he does not excel, he places him in the hands of someone who does excel in that particular field. He is, as some of us in the Third District who have heard of him already know, a master in patient psychology and practice management. He is a graduate of the University of Louisville, has practiced in Coral Gables for twenty-nine years, was a member of the Florida Board of Dental Examiners for twelve years, Past President of the American Association of Dental Examiners. He is a member of both the American College of Dentists and the International College of Dentistry.

I want to mention two facts that help qualify him for his subjects today and tomorrow. One is the fact that in 1934, at the bottom of the depression, he had the nerve to build the first bungalow dental office in the country. That was quite a large office. I might say that today, the modern bungalow dental offices have improved very, very little over what he had then. That is, in efficiency of setup, and so forth, none of them could be more beautiful.

He has managed, over this period of years, a personnel of fourteen, fifteen, or more. Having managed such an office, he certainly is qualified, and has qualified himself, to discuss some of the things he is going to talk about today.

He has also done graduate work in business administration and in advance finance. Just recently he finished a doctorate in that.

I feel that Dr. Pankey is qualified to discuss this subject. He has talked and dreamed about it for years and years.

I now present to you Dr. L. D. Pankey, who, I think, has one of the greatest brains in American dentistry! (*Applause*)

(Dr. L. D. Pankey, D.D.S., Coral Gables, Florida, presented his Essay, "Practice Management.")

PRESIDENT SHEFFIELD: Thank you very much, Dr. Pankey. It was a wonderful and constructive message that you have just given us. I am sure every member can take home ideas which he can use in his own office.

We have the honor, this morning, of having two distinguished guests with us. I shall now ask Dr. Paul Jones, of Farmville, to present these guests who have messages for us at this time.

Dr. Paul Jones!

DR. PAUL JONES: Fellow Members of the North Carolina Dental Society: I am privileged to present two of North Carolina's distinguished citizens at this time, who, as your President has announced, have

messages for us. I should prefer to present them both at this time to save time for you. I shall first present Major L. P. McLendon of Greensboro who has distinguished himself as a first citizen and comes to us this morning as Chairman of the Trustees Committee of the Health Affairs of the University of North Carolina. He will be followed by our own and well-known Chancellor Bob House, whose name is a household word throughout the state.

I first present to you Major L. P. McLendon of Greensboro. (*Applause*)

MAJOR L. P. McLENDON: Mr. President, Dr. Jones, Ladies and Gentlemen of the North Carolina Dental Society: Dr. House, as Chancellor of the University of North Carolina, and I, in my capacity as Chairman of the Trustees Committee on the Division of Health Affairs of the University, are happy to have this occasion to report to the Dental Society of North Carolina on the operations of the Dental School at the University. He and I both were very active, as some of you know, in the original efforts to establish a Health Center at Chapel Hill, and I doubt if you can find two men in North Carolina who are more conscious of the fact that we probably would not have a Dental School at Chapel Hill if it were not for your Society. It was under the leadership of men such as Dr. Lineberger, of Raleigh, and others, many of whom are here, no doubt, today, that made it possible for us to have a Dental School at Chapel Hill.

The history of that is that when the budget request to the Legislature, in 1947, was prepared by the University, it called for no Dental School. It called for huge appropriations, some of the largest in the history of the state. The dentists came to Dr. Graham, then President of the University, and others, and said, "We know it would be embarrassing to you to put in any request for a Dental School at this time, but if you will just say to the Legislature that you would like to have a Dental School at Chapel Hill as part of the whole Health Center, we shall do the rest." And that is exactly what happened. The Dental Society took charge, and they were solely responsible for the appropriations for the establishment of the school.

Therefore, I am sure you will not be surprised when I say to you that from that time until now all of us who had anything to do with the operation of the Dental School have always been conscious of your interest in it. We were met by some great and difficult problems at the outset. I should like for you to know who constitute the Trustees Committee which has jurisdiction over the Dental School, the Health School, the Medical School, and all the five schools constituting the Division of Health Affairs.

The Committee consists of Dr. Ben Royal of Moorehead City; Mr. Henry Foscue, a manufacturer, of High Point; your own Dr. Paul Jones; Mr. James H. Clark of Elizabethtown, who is President and Chairman of the North Carolina Medical Care Commission; Mr. Victor Bryant of Durham, who is a lawyer; Mrs. Charles Stanford of Orange County; Mr. W. P. Saunders, of the Robins Mills Company; and Dr. Shane E. Taylor, a physician, of Greensboro.

Just by reciting these names I am sure I can convince you that these are people whose judgment is entitled to some consideration, all being outstanding people of North Carolina, with the exception of the Chairman.

As I said, we were confronted with great problems when we began to organize the Dental School and the Medical School. One of the first problems was that we soon discovered there was a shortage of personnel. The Council on Dental Education in the United States right at that time released figures which showed there was a shortage of teaching personnel in the dental schools of almost 500 institutions in the United States. We had exactly the same problem in the Medical School and in the Nursing School. We realized we were not going to be able to recruit the personnel for these schools unless we could induce the Legislature to increase salaries. That was done, with the result that the highest salary in the Dental School now is approximately \$13,000 per year, and the lowest salary \$5500 per year. In the Medical School and in the other schools in the Health Affairs Division, it is practically the same.

Even with that, we could not recruit the staff for either of these schools without giving some assurance to men who were prospects for employment that they would have some opportunity to increase their compensations as their services went on. Thus, after hours and hours of study—and I remember on one occasion the Committee stayed in session until almost three o'clock in the morning—we sought and obtained information from every source from which we could possibly get it, with respect to what is known as "intramural practice," both in the medical schools and the dental schools. In the medical schools it was well accepted. The two schools in North Carolina, Duke and Bowman Gray, had already established it. In dental schools we found it had not been tried very extensively and was somewhat new there. However, after great consideration, and most careful and earnest debate and a serious division of opinion, even in our Committee, we decided that we would establish it in the Medical School and in the Dental School, with reservations, and in both instances with the idea that we would try to improve it as time went on.

Basically, what we did in the Dental School was this: every teacher in the Dental School is obligated to give forty-four hours a week (that is, five and one-half days) of his time to the University. He is permitted, out of those forty-four hours, to devote not more than ten hours a week to private practice, that is, intramural practice. The income which is taken in by the members of the faculty who engage in that (and, by the way, for the year 1953, out of the twenty-eight members of the staff, nineteen participated in it) is divided as follows:

Ten per cent of it is paid to the Division of Health Affairs for what you might call "rent."

Forty per cent of it is paid to the University, to the Division of Health Affairs, for the employment of assistants, laboratory technicians, and the purchase of supplies and materials.

The other 50 per cent is put in a fund and is distributed among the faculty, with the result that in 1953 the total amount that was distributed to all the members of the faculty in the Dental School was \$28,853.43, or an average of \$1030.47 per member of the faculty.

I am not going to discuss the teaching aspects of that because that will be dealt with by Dr. House, but let me say to you that as a result of this program, both in the Medical School and in the Dental School, we believe we have recruited staffs of outstanding teachers, men of capability, who are respected by your profession and by the medical profession respectively. We know the salaries that are being paid are responsible, in a measure, for keeping these people here. The Dean of the School has been offered an increase from what his present salary is to \$17,500 if he would leave. Another member of the faculty has been offered an increase from \$9200 to \$12,500 if he would leave. Another man has been offered an increase (and accepted it) to \$7,000 from \$5,500, if he would leave. He is the only one of the three who accepted the offer, so far. I mention this to indicate to you that other people have their eyes on the men whom we have selected at the Dental School, because they are outstanding and because they are believed to be people of ability in that profession, who command respect.

Let me say that the Trustees Committee of the University, of which I had the honor of being the Chairman, has no resentment whatever because this Society is not in agreement on the principle of intramural practice. We respect your opinions. We respect your judgments. We have consulted with your Advisory Committee from the very inception of the efforts to establish a Dental School, and have continued to do so. We invite you to continue the existence of the Advisory Committee so that they consult with us. I can give you every assurance that one person can give to another that if at any time the Trustees Committee is convinced it is not in the interest of the Dental School of the University of North Carolina to continue intramural practice, it will be stopped that quickly. We are not convinced, so far, that it is not in the interest; on the contrary, the majority of the Committee feels that it is in the interest of the School. If I had time I could give you many reasons for that. However, I want to assure you that because you differ with us, and because you are not in agreement yourselves, it has not changed our feelings or our respect for you at all.

We know that the North Carolina Dental School, and its success, must depend largely upon you. We know that you are the people who are going to refer patients with all manner of complications to the University of North Carolina Dental School, for all manner of treatment, and thereby supply valuable material for this team. We know that you can contribute in many ways to the success of the school. Thus, as a layman who has no responsibility other than as a member of this Committee, representing the people of North Carolina, entrusted with the expenditure of the people's money in the maintenance of this school, my appeal to you is to continue your cooperation.

If you have criticisms to make, make them. You are not going to hurt my feelings, or anybody else's feelings. On the contrary, if you have constructive criticisms to make, make them. Help us in every way you can. I assure you, so far as the Committee is concerned, it shall continue to do, as we think it has done in the past, to build and maintain the best dental school in America. (*Prolonged applause*)

Now, Dr. House! (*Applause*)

CHANCELLOR HOUSE: Mr. President, Major McLendon, Ladies and Gentlemen: I am proud to be here and to show you Major McLendon and Paul Jones, who are among those who are my bosses. You see their spirit, which is simply to get this done right. You are simply my colleagues. I am proud of the attitude and the cooperation of the Dental Society of North Carolina in building this school. Nothing finer has ever happened. Nothing easier was ever done in the state, simply because the Society, the profession, and the state were in unison.

Whatever your opinion may be about this question of intramural practice, there are not any two opinions about this: you say, and we say, that we want an excellent School of Dentistry. Let us not talk about dentistry for a second. Let us talk about university education. We want an excellent university. I want to tell you that competent men and women who teach and who do research and who guide young men into their liberal and their professional educations are hard to find. Without this principle of some practice in their profession, we could not have a single member of our faculty, in any competent department of the University, whether it is dentistry, medicine, journalism, or the teaching of English. Every college professor has some margin of time which he uses for consultation. The professor of literature will write a book. The engineer will be a consultant. The journalist will write a column in the newspaper; sometimes he will run a paper.

There is an economic reason for this. Major McLendon has told you about that. However, there is a deeper and more fundamental educational reason for that. Years ago, the great satirist, Bernard Shaw, threw this challenge to the teaching profession. He said, "Those who know how, do it. Those who can, do it. Those who cannot do it, teach."

This business of keeping your hand in play in the profession, in the art of dentistry, we might say, is absolutely essential, in the first place, so that the teacher may have confidence in himself. He has to have it. Education is made up of two things: theory and information on the one hand and practice on the other. If the teacher does not have access to practice, himself, then he will not have confidence that he really knows what he is teaching.

Some years ago we had an iron-clad rule that university physicians could not engage in private practice at all. We found we had to modify that rule before we could get any university physicians. It was not because they simply wanted to make the money. They said, "We don't want to be limited to the rather healthy range of boys and girls of around seventeen to twenty-five years of age. We want the whole range and variety. We find that without getting out into adult practice, we cannot run our hospital or our clinical departments in the medical school." For the same reason they will not come and merely teach theory and demonstration. They must get their hands into the feeling of it.

"Well," it is said, "we know that, and we want them to get their practice from the patients we refer to them." My answer to that is: referral does not handle it. In certain cases, such as cancer of the mouth, and some phases of dentistry of that sort, referrals just about meet the problem. However, there are other areas, and there, referrals do not bring in the practice that keeps entire departments of the Medical School in practice.

Just as the teachers have to do this private practice to keep their hands in and to keep their confidence, they also need it so that their students may have confidence in them. There is nothing more successful, in teaching how to do a thing, than to say, "I use this in private practice."

All that we at the University want is a good dental school. We are in a small community. I know perfectly well there are schools of dentistry in the country that get along fairly well with professional men, in the cities where they are located, who have their offices downtown and who are also professors in the dental schools. Chapel Hill cannot afford that sort of combination of downtown practice and school teaching. We are a small community. However, I have this to say to you: if it were true that we had enough of the profession to maintain privately and to draw on for the Medical School in Chapel Hill, we would still say to you, "Don't disapprove of our plan until you study it."

The difficulty is to get the dental teacher who is primarily concerned with teaching. I say to you that is the teaching in the School of Dentistry at Chapel Hill. On a forty-four hour working week basis they are allowed to use ten hours for this intramural practice. As a matter of fact, they use an average of two and one-half hours a week. It is said that they are already something of a competitive threat. The combined intramural practice, gross income, and time, amounts to about a practice of four dentists, both as to time spent and income. If we add those four full dentists' competition, with a situation in Chapel Hill, to the three resident dentists who were in Chapel Hill when the school was founded, there have then been added five. They find no difficulty, and dental appointments are still so rare in Chapel Hill that we will them to our children so that they will not leave the family. (*Laughter*) It is still difficult to get work done.

I say to you that a great deal is at stake in this sort of thing. Rightly or wrongly, we thought we had your opinion. We fixed our policy. That policy is embodied in the structure of the school. There are twenty-eight members of the faculty, and their contracts involve this privilege of intramural practice and extramural practice, and of supplementing their income, even though not all of them take advantage of it. The Dean does not, because it is his responsibility to direct the whole. There are eight other professors who do not engage in this. However, nineteen members of our faculty are so engaged, and it is on this modest average of about two and one-half hours a week.

We are laymen. As far as we could judge, we wanted to do the thing right. You have the word of the directors of this whole thing, of Major McLendon or the Committee on Health Affairs. If it is not right, we shall change it. However, we believe that on educational grounds alone, in the interest of your standing as a profession, you ought to have in your education the same privileges, the same resources, that the Doctor of Medicine has, that the lawyer, that the teacher has. This matter of teaching in the classroom and doing a limited amount of practice work in the profession is universitywide. It is nationwide. We believe it is sound principle. (*Prolonged applause*)

PRESIDENT SHEFFIELD: We all thank you, Major McLendon and Chancellor House, for your most informative messages.

DR. SAM SHAFFER: I know I cannot compete with the eloquence of Major McLendon and Chancellor House, but I just jotted down a thing or two. You spoke of the shortage of personnel. Why is it the University of North Carolina Dental School cannot get a faculty without the intramural program when the University of West Virginia does not have one, and will have a good faculty? I say \$1000 is not enough—that is what the average income of the intramural faculty member now is, \$1000—that is not enough to induce any man to come to the University of North Carolina Dental School.

You said this intramural program is new in dental schools. It is not new. It has been tried in a lot of schools and it has been abandoned.

Chancellor House spoke of the teacher keeping his hand in his work. Our men should be experienced men. They have already had their hands in the work. They have learned how to do the work. It is their job to get in there and teach these students how to do it, and by teaching them, they can keep their hands in the work.

As far as competition, I do not think any of the dentists in North Carolina oppose this intramural program because of competition. It is the principle of the thing. Teaching and practicing dentistry privately are not compatible in an institution. That is my opinion.

They spoke of law. I should like to ask whether they have private practice for the professors in the law school?

The final question is: haven't the taxpayers of North Carolina paid for the construction of these private offices in the University of North Carolina and for the equipment of these private offices, this modern equipment, which these faculty members are using privately?

PRESIDENT SHEFFIELD: Major McLendon!

MAJOR McLENDON: I am not sure that is a question, Dr. Sheffield. This statement is made by my own dentist, I will have you know, Dr. Sam Shaffer. (*Laughter*) You will recognize immediately there is no hostility between him and me. We are friends and neighbors. Dr. Sheffield is also a good neighbor of mine.

I cannot begin to answer all the statements that Dr. Shaffer made except to say this: every single point he made in his statement has been covered over and over by this Committee, as recently as the 23rd of last month when the Committee again reviewed the whole situation, pro and con. I hope you will believe me when I tell you that we have not just taken one side of this matter and swallowed it whole, line, hook and sinker. We have heard and asked for criticisms and we believe that the judgment which has been arrived at, while not unanimous, represents the majority judgment of the Trustees Committee, of the Executive Committee of the Board of Trustees of the University, and the large Trustees Committee and of the Administration. That is the best we can do, ladies and gentlemen. We may be wrong, and Dr. Shaffer may be right, but time will prove it. All we ask of you is to be patient with us.

We are graduating the first class from the dental school the first

of June of this year, and I believe we are turning out a fine bunch of men. You will be interested to know that the top four students in that class have been offered jobs to stay on at the University, and all four of them have turned it down. (*Applause*)

PRESIDENT SHEFFIELD: Please make your questions very brief as it is about time to adjourn.

DR. BURKE W. FOX: I should like to ask Major McLendon if he is aware that the North Carolina Dental Society has given large and considered thought to this question; at our meeting last year there was an overwhelming vote in opposition to this, which followed just as long a study as they have made, and that the House of Delegates last night repudiated the action of its Dental Advisory Committee which had gone along with this intramural program? This Society last year, in general session, and last night, in the House of Delegates, reiterated its stand that we are opposed to the intramural practice. That is not just a few, as the trustees have been led to believe. Last year there were about 400 who voted; my estimate was about 350 who were in opposition to it, and perhaps some forty who were for it. I should like the trustees to know that we have given this matter thought, and that we are overwhelmingly opposed to it.

MAJOR MCLENDON: We do know that. We have been kept informed of your actions. Since I arrived here this morning I learned what you did last night. However, I should like to remind you that during all this time your Society has had an Advisory Committee which has actively worked with us.

DR. FOX: They repudiated it.

MAJOR MCLENDON: You certainly cannot blame us for the fact that you have taken some hostile action toward the Advisory Committee. We accepted your Committee in good faith. It had on it such men as your distinguished member, Dr. Jones and others. We have worked with them, and I think every single member of that Committee will tell you that it has been done in good faith, too. No one has ever accused us of trying to double-cross anyone about it or of being secretive about anything we have done.

PRESIDENT SHEFFIELD: Your Secretary has some announcements to make!

SECRETARY COFFEY: I have a letter here which I have been requested to read.

May 15, 1954

Dr. Neal Sheffield, President  
North Carolina Dental Society  
Pinehurst, North Carolina

Dear Neal,

It is after long and careful deliberation that I have decided it expedient not to attend your meeting. I have yielded to medical advice in reaching this final conclusion. It is needless for me to try by the use of words to tell you the depths of my disappointment.

Neal, you have made an excellent leader of our Society, and I congratulate you heartily.

Moreover, I have every confidence and belief that Bernard and his organization will do an equally fine job during the ensuing year.

I wish for you the largest and best meeting our Society has ever held.

My warmest personal regards to you and sincere good wishes to all in attendance.

Fraternally yours,

"Eddie"

A. C. "Eddie" Current

Our registration, as of ten-thirty last evening, was 312 members, and 254 auxiliary members, dental hygienists, dental assistants, distinguished guests, and exhibitors, for a total registration of 566. We shall give you another breakdown on that tonight.

I have been requested by the Chairman of the Exhibits Committee, Dr. Carey Wells, to remind each member to please register for the drawing which will be held at five-thirty tomorrow afternoon. Only one prize is allowed to a member, and should your name be in the box twice and be drawn, you will not be eligible for either prize. Only members are eligible to put in a stub.

I should like to remind the veterans of the luncheon in the Crystal Room immediately following this meeting.

I should like to suggest that the district secretaries meet with the veterans and become acquainted with those members of their district whom they have not met previously.

PRESIDENT SHEFFIELD: The North Carolina Dental Society will now stand adjourned until two o'clock.

*(The meeting was adjourned at twelve-thirty o'clock.)*

## GENERAL SESSION

MONDAY AFTERNOON, MAY 17, 1954

The meeting reconvened at two-fifteen o'clock, President Sheffield presiding.

PRESIDENT SHEFFIELD: The Third General Session of the North Carolina Dental Society will please come to order!

I should like to recognize, at this time, Dr. Sam Towler of Raleigh, who will introduce the next speaker.

Dr. Towler!

DR. SAM TOWLER: Members of the Society, and Guests: It is a distinct pleasure to introduce to you a former schoolmate of mine. Since graduation he has continued to be a student, teacher, writer, and general practitioner. He was graduated from the Medical College of Virginia. Immediately after graduation he accepted a Fellowship and became an assistant in the Prosthetic Dentistry Department of the Medical College of Virginia. He is the former Head of the Prosthetic Department of New York University, Head of the Prosthetic Department of the University of Pennsylvania School of Dentistry and Graduate School of Medicine. He has also been a Director of the Postgraduate Division of the University of Pennsylvania.

He has written numerous articles for prosthetic journals and other journals. He helped write a book on complete dentures, in collaboration with Dr. M. G. Swenson who also was at the Medical College of Virginia. He has done reviews of dentistry for state boards of dental examiners and has contributed to the "Handbook of Dentistry," by Grossman.

He belongs to the Academy of Dental Prosthetics, American Denture Society, American Board of Prosthodontics.

I am very happy, at this time, to present to you Dr. Vincent R. Trapozzano, New Port Richey, Fla., who, I feel, is very able to present this subject to you this afternoon. (*Applause*)

DR. VINCENT R. TRAPOZZANO: Mr. Chairman, Sam, thank you very much for that fine introduction. You did extremely well, but I do want to mention to the group that I was very much flattered yesterday and today by having some of my classmates and some of my schoolmates, that is, men who were juniors and seniors when I was a student, come up and address me very formally as "Dr. Trapozzano, I am glad to see you." Now, I like that, don't you know? However, in one sense it makes me feel a little bit as though time is slipping by, perhaps for all of us.

This morning I had the great good fortune to be able to attend part of Dr. Pankey's talk and I enjoyed it very, very much. What he had to tell you is based on sound procedure, and I know that it works just exactly the way he was telling you. I do hope you listened carefully to how he told you to go about organizing your office.

This afternoon, for the next hour and one-half, I am going to try to show you, or help you in some way, if possible, to make a little money. Tomorrow he will tell you how to invest it. See? Thus, it will work out through the three stages.

(Dr. Vincent R. Trapozzano, D.D.S., New Port Richey, Fla., presented his Essay, "Complete Denture Occlusion.")

PRESIDENT SHEFFIELD: Thank you very much, Dr. Trapozzano, for your very wonderful message today. I am sure you have given us something we can take home, and that we shall find very valuable in our day to day practice.

Gentlemen, we have another speaker. At this time I should like to recognize Dr. Kendrick.

DR. V. KENDRICK: Mr. President, Members of the Society: It is a real pleasure to introduce to you a man who stands high in the ranks of oral surgeons. He holds three college degrees and has had excellent training and experience in this field. He is the President of the Dallas County Dental Society, a member of the American Society of Oral Surgeons, a Diplomat of, and also an Examiner of the American Board of Oral Surgery.

He was in the army for six years and was discharged as a full colonel. He appeared before every state group below the Mason-Dixon line except for two, and has lectured in many other places throughout the country.

To those of you who have not had the pleasure of hearing Earle Williams, I assure you a real treat.

Dr. Williams! (Applause)

DR. P. EARLE WILLIAMS: Dr. Sheffield, Members, and Guests: I received this invitation several months ago to participate on this program, with pleasure and delight. I can look out through the crowd and see a number of folks whom I have seen elsewhere. I am like the colored preacher who was at the pulpit on one occasion. He looked out and saw a person he had served time with at the Texas State Penitentiary at Huntsville, Texas. He was quite alarmed that he might make some disclosure concerning his former association with this individual, so he quickly picked up his Bible and said, "I shall read from the Book of Numbers, the First Chapter, Second Verse. 'If you sees me and knows me, say nothing. I will see you later.'"

So, please be kind and generous, and I shall see you later.

(Dr. P. Earle Williams, D.D.S., Dallas, Texas, presented his Essay, "Every Day Oral Surgery.")

PRESIDENT SHEFFIELD: Tonight we shall have the election of officers. The House of Delegates will follow this evening's General Session. This meeting will stand adjourned.

*(The meeting was adjourned at ten minutes before five o'clock.)*

## GENERAL SESSION

### ELECTION OF OFFICERS

The meeting was resumed at eight-thirty o'clock, President Sheffield presiding.

PRESIDENT SHEFFIELD: Will the meeting please come to order.

The order of business this evening is the election of officers. While we are waiting for the Secretary I should like to recognize Dr. Edwards, who has a few words at this time.

DR. JAMES R. EDWARDS: Dr. Sheffield has asked me to say a few words in regard to the American Dental Association's Health and Accident Insurance. As you know, we have to have 50 per cent of our membership subscribe in order that our risk is spread out so that the sick men that are not eligible for the preferred risk can get in. I happen to be one of those fellows who cannot get in as a preferred risk. At the present time, we only lack about thirty-two members. I want to appeal to each and every one of you to send in your applications. It has been extended until the 31st of this month, but let us get it in right away.

You will find application blanks at the registration desk, and you do not have to send a check with it. Get the blanks, fill them out, and mail them in. If you are accepted they will then bill you for the amount you have to pay as a premium. So, fellows, help us fellows out who cannot get it until we get our 50 per cent. We have several members

who really need it, so send yours in. If you cannot take more than the \$100 a month, that would help a great deal. Thank you!

PRESIDENT SHEFFIELD: Thank you, Dr. Edwards.  
The Secretary has a few announcements.

SECRETARY COFFEY: Our registration at four-thirty this afternoon was as follows: Members, 485, for a grand total of 895. As you know, tomorrow we are expecting over 200 more, so that will put us well over 1000.

The Past Presidents' breakfast tomorrow morning will be in the Crystal Room, and in the absence of Dr. Eddie Current, Dr. Fred Hunt will be the Chairman.

The New Members' breakfast will also be in the Crystal Room, and they are asked to bring their wives with them. Dr. W. H. Breeland will preside at that meeting. We should like the secretary for each district to be present at that meeting.

PRESIDENT SHEFFIELD: Thank you, Mr. Secretary.

We are going to ask the secretaries of all the districts to come forward to assist in these elections. They are as follows: Dr. C. C. Diercks, Dr. Riley E. Spoon, Dr. William T. Burns, Dr. James E. Swindell, and Dr. M. M. Lilley. Will you come forward and take your places down here. We shall have use for you a little later.

*(The District Secretaries came forward as requested.)*

PRESIDENT SHEFFIELD: I should like to appoint the following men to the Election Committee: Dr. Howard Branch; Dr. F. E. Gilliam; and Dr. Frank W. Kirk. Will please come forward and take your places here so that you can function at the proper time.

*(The members of the Election Committee came forward as requested.)*

PRESIDENT SHEFFIELD: The first order of business tonight is nominations for your President-Elect. The Chair will now entertain such motions.

DR. E. A. PEARSON, JR.: Mr. President, Members of the North Carolina Dental Society, and Guests: It is indeed a pleasure for me to come before you this evening to place in nomination the name of a candidate for President-Elect of the North Carolina Dental Society.

This man was born in Raleigh in 1903. He attended the public schools there. After attending the Raleigh High School, he attended Randolph Macon University, graduating from the latter in 1926. He has been in the practice of general dentistry for the past twenty-seven years, twenty-three of them being in Raleigh.

He has a lovely wife, Dorothy Ray. They have two children, a daughter, Carol Faye, fourteen years, and a son "Bucky," sixteen years, who has been fighting a courageous battle against polio since 1950.

This candidate is a thirty-second degree Mason.

He has been Secretary of the Raleigh Civitan Club for thirteen years. He is Past President of the Raleigh Civitan Club. He has been District Governor of Civitan International for the North Carolina and South

Carolina District. He was first to win the Honor Key of Civitan International in North Carolina.

He is a member of Hayes Barton Baptist Church. He is a Past President of Simms Baracca Class. He is a Past President of Keystone Bible Class. He is a recent organizer of the Fellowship Bible Class. He is President of the Fellowship Club. He is a member of the Board of Directors of Consolidated Insurers.

His services in the Fourth District Dental Society have included: Past President; the office of Secretary-Treasurer; he has served ably on all the committees of his district.

His activities in the North Carolina Dental Society are: past Vice-President; Chairman of the Exhibits Committee (and here may I add that through his efforts he raised the revenue from exhibits from about \$1200 annually to over \$3000); Chairman of the Golf Committee for three years; Chairman of the Public Relations Committee; Chairman from the Fourth District on dental assistants' courses; Chairman of Entertainment for Out-of-State guests and clinicians; he is a member of the Executive Board of Infantile Paralysis for Wake County, and a member of the Board for the North Carolina Chapter for Infantile Paralysis.

With the above-mentioned activities, I believe that you concur with me that this candidate is a good citizen. He is courageous, honest, faithful, and sincere in all his undertakings. He is a leader and an organizer. I believe that he has all the qualifications a President-Elect should have, that he will give us great leadership, and will assume this high office with the grace and decorum it deserves. He has always done a splendid job with any assignment given him. He has been an outstanding citizen in his community, always helping the progress and life of its citizens. I have always enjoyed working with him in our community both in and out of the profession.

Therefore, it gives me great pleasure to place in nomination the name of Dr. J. Walton Branham, for President-Elect for the North Carolina Dental Society. (*Applause*)

PRESIDENT SHEFFIELD: Gentlemen, do I hear a second to that motion?

DR. RALPH F. JARRETT: It is the greatest pleasure of my life to second the motion for the nomination of this man. I hope somebody moves that we close the nominations at this time.

DR. Z. L. EDWARDS: I move that the nominations be closed, the rules be suspended, that Dr. Branham be elected by acclamation as President-Elect of the North Carolina Dental Society, and that the Secretary-Treasurer be requested to cast a unanimous ballot of the Society for Dr. Branham.

*(The motion was seconded, put to a vote, and carried.)*

PRESIDENT SHEFFIELD: Mr. Secretary, I shall ask you to cast the entire vote of this Society for Dr. Branham.

SECRETARY COFFEY: Dr. Branham, will you stand up, please? It gives me great pleasure, as Secretary-Treasurer of the North Carolina Dental

Society, to cast the unanimous vote of this Society for you as President-Elect. (*Prolonged applause.*)

PRESIDENT SHEFFIELD: Dr. Branham, I am sure this audience would like a few words from you at this time.

DR. J. WALTON BRANHAM: Mr. President, Members of the North Carolina Dental Society: I am in a very precarious condition at this time. I am standing here without words, and that is something unusual for me. I want to thank you for this high office of President-Elect of the North Carolina Dental Society. I realize this is an honor, but I am also aware of the fact that this honor only comes to one after the job is done.

I want to promise you one thing, and this is the first promise I have made: I shall be honest, fair, and unbiased. In fact, there will not be any preferential treatment. (*Applause*)

I am going to make a lot of mistakes, but they are going to be honest ones. I ask your cooperation, because without your cooperation I shall be a failure and this organization will have very, very poor leadership. With your help, and God's help, I have no fear. Thank you! (*Applause*)

PRESIDENT SHEFFIELD: Thank you very much, Dr. Branham. The next order of business is nominations for Vice-President.

DR. FRED R. HUNT: Mr. President, I should like to place in nomination the name of a man whom I have known for some twenty-five odd years. It was my privilege to attend dental college with him. He is a man of the highest type, with a fine Christian character. He is a man who will take the office of Vice-President seriously. He will attend the meetings.

I refer to my good friend, Dr. J. T. Lasley of Greensboro, and I should like to assure you that Dr. Lasley, although I am seated in front of him, did not know I was going to get up.

I should like to place his name in nomination.

PRESIDENT SHEFFIELD: You have heard the nomination of Dr. J. T. Lasley for Vice-President. Is there a second to the nomination.

DR. C. C. POINDEXTER: I should like to second the nomination.

DR. GUY E. PIGFORD: Mr. President, Members of the North Carolina Dental Society: I wish to place before you the name of a man from the Fifth District, a man whom I have known since the time I was graduated from dental college. I do not have a prepared chronological speech to make about this candidate, but he did graduate from the Medical College of Virginia in 1924. He took his M.A. Degree at Northwestern in 1925. He has practiced orthodontia and general dentistry in Wilmington since that time.

A truer friend, a better man, we have never seen in our section. I shall give you, without further ado, Dr. Horace K. Thompson, of Wilmington. (*Applause*)

DR. W. S. GRIFFIN: I should like to second the nomination of Dr. Thompson of Wilmington.

PRESIDENT SHEFFIELD: It has been moved and seconded that Dr. Horace K. Thompson of Wilmington be nominated for the office of Vice-President. Are there other nominations?

DR. B. R. MORRISON: I move that the nominations be closed.

DR. D. HENSON: I second the motion.

*(The motion was put to a vote and was carried.)*

PRESIDENT SHEFFIELD: Gentlemen, proceed with your ballots for the election of Vice-President.

Dr. Coffey will explain the rules of voting during this recess, and the manner of balloting. Let us have your attention, please.

SECRETARY COFFEY: The members on my left will please move to my right, Then, please come forward to vote. You will cast your ballot, and stay on the other side of the rope.

*(Recess for voting)*

PRESIDENT SHEFFIELD: Has everyone voted now? Is there anyone who has not voted?

*(No response.)*

PRESIDENT SHEFFIELD: The Election Committee will count the ballots.

Gentlemen, while the Committee is counting the votes for Vice-President, we shall go ahead to the election of a Secretary-Treasurer. We shall entertain nominations for Secretary-Treasurer.

PRESIDENT-ELECT BERNARD WALKER: Mr. President, I should like to nominate Dr. Ralph Coffey as Secretary-Treasurer for the ensuing year.

DR. S. H. STEELMAN: I second the nomination.

PRESIDENT SHEFFIELD: Are there other nominations? *(No response.)* If not, I recognize Dr. Edwards.

DR. Z. L. EDWARDS: Mr. President, I should like to move that the rules be suspended, that the nominations be closed, and that Dr. Ralph Coffey be elected to succeed himself.

*(The motion was duly seconded, was put to a vote, and was carried.)*

PRESIDENT SHEFFIELD: I am very happy tonight to be able to cast this vote for a man who has made us a good Secretary during the past year. Without him, I do not know just what I would have done. He has been efficient. He has been loyal, and he has been a man whom we could count on. I want to congratulate this Society and the incoming officers upon having a man who has been such a good Secretary.

It now gives me very great pleasure, at this time, to cast the entire ballot of the North Carolina Dental Society for our present Secretary, Dr. Ralph Coffey, to succeed himself. *(Applause)*

PRESIDENT SHEFFIELD: Dr. Coffey, we should like to have a few words from you.

SECRETARY COFFEY: Mr. President, last year when I was elected to this office, I promised at that time I would do everything I was capable of

doing for the North Carolina Dental Society, and that I would discharge those duties in a fair manner. I have no other pledge that I could make to you. I thank you for continued confidence in me. (*Applause*)

PRESIDENT SHEFFIELD: The next order of the election will be the nomination to succeed Dr. C. W. Sanders as a member of the Board of Dental Examiners, for three years.

DR. D. L. PRIDGEN: Mr. President, Fellow Members: Having observed throughout the years, with a great deal of pride, the manner in which he has discharged the duties of every office that has been entrusted to him by this Society, I take particular pleasure in placing in nomination Dr. Cleon Sanders to succeed himself. With one term's experience on the Board, he will be in a position to serve the profession even more efficiently for another three years. (*Applause*)

DR. MASTEN: I should like to second Dr. Sanders' nomination.

PRESIDENT SHEFFIELD: This nomination has been seconded.

DR. WALTER T. McFALL: I make a motion that the nominations be closed and the unanimous ballot of this Society be cast for Dr. Cleon Sanders to succeed himself.

DR. MARVIN EVANS: I second it.

*(The motion was put to a vote and was carried.)*

PRESIDENT SHEFFIELD: Dr. Sanders, you are re-elected to this office. We should like to hear from you at this time.

DR. CLEON SANDERS: Mr. President, Members of the North Carolina Dental Society, Ladies and Gentlemen: I must say I consider this vote a vote of confidence and endorsement of what I have attempted to do for the last three years. During the next three years I shall attempt, to the best of my ability, to justify your confidence. Thank you very much. (*Applause*)

PRESIDENT SHEFFIELD: The next nomination in order is for a member to succeed Dr. W. M. Matheson for the State Board of Dental Examiners for three years. Do I hear a nomination?

DR. WALTER CLARK: Mr. President, Members of the North Carolina Dental Society: I am neither brilliant nor eloquent, as the old maid said, I am just handy. I could not make a speech if I needed to, but the man I am about to nominate does not need a speech. You know that what a man does speaks louder than what he says. This man has served on this Board for two years in his first term, and his actions speak louder than any words I can say for him. Suffice it to say, remembering his sterling service, I am very happy indeed to nominate Dr. William Matheson to succeed himself. (*Applause*)

PRESIDENT SHEFFIELD: Dr. Matheson has been nominated to succeed himself. Do I hear a second?

DR. C. C. POINDEXTER: I second it. In appreciation of the fine work

Dr. Matheson has done, it gives me a great deal of pleasure to second the nomination for him to succeed himself.

PRESIDENT SHEFFIELD: The nomination of Dr. Matheson has been seconded. Are there any other nominations?

DR. RALPH F. JARRETT: I move that the nominations be closed.

PRESIDENT SHEFFIELD: Do you have a nomination, sir?

DR. RALPH L. FALLS: Yes, sir.

Mr. President, Fellow Members of the North Carolina Dental Society: It is indeed a great pleasure for me to nominate a man who is most respected, who has the confidence of the district he is practicing in, and who is very active in choir work and church affairs, and very active in civic affairs. He has been most successful, from a financial and business standpoint, in his profession. In fact, he was the salutorian of his class, and has just recently been chosen as the man of the year in the town he is practicing in, Shelby, North Carolina. He is a man who, in my opinion, will come to his district meetings and his local county meetings, and a man who has the support, in my opinion, of fully 90 per cent or better, of the members of his own district in which he practices.

It is indeed with a great deal of pleasure that I present to you Dr. Hubert Plaster of Shelby, North Carolina. (*Applause*)

DR. PAUL FITZGERALD, JR.: Mr. President, I do not like to make any attempt to block any nominations. However, unless you refused to recognize Dr. Jarrett, you had a motion on the floor, as a point of order, when Dr. Falls rose.

PRESIDENT SHEFFIELD: There was no second, Doctor. I asked the gentlemen.

DR. PAUL FITZGERALD, JR.: I understood there was a second, Doctor.

PRESIDENT SHEFFIELD: I should like to say that we are not trying to choke off any nominations. We are not trying to railroad anything (*applause*) and as long as there is any nomination on the floor, I shall hear it. I shall rule that the gentleman was in order to make the nomination.

DR. M. H. TRULUCK: I should like to second the nomination of Dr. Hubert Plaster of Shelby as a member of the State Board of Dental Examiners. We have a very capable man in Dr. Plaster. He is a good dentist. He attends all meetings of the district society and the state society. He has served on many committees. He has given numerous clinics before the North Carolina Dental Society, and I think he would serve with honor as a member of the Board of Dental Examiners. It gives me a great deal of pleasure to second his nomination. (*Applause*)

DR. J. F. REECE: I should like to second the nomination of Dr. Matheson, if I may.

Mr. President, Members of the North Carolina Dental Society: I did not know until a few moments ago that there was to be any opposition to Dr. Matheson on the Board of Dental Examiners. Knowing Dr. Plaster as I do, I want to say right now that there is not a man in the First District Dental Society who stands higher or who is respected more than Dr. Plaster. However, it has been customary in the North Carolina Dental Society, when we elect a man to serve on the Board of Dental Examiners, to elect him for at least two terms. I think it would be a reflection on Dr. Matheson not to re-elect him. We would be saying that he had not filled his duty to that office successfully. I think it would be a reflection on this body if they did not re-elect Dr. Matheson.

Therefore, I want to second the nomination of Dr. Matheson. Dr. Matheson is a neighbor of mine. I have known him from young manhood. He practiced dentistry in a neighboring town, and there is no one who stands in higher respect of his fellow practitioners or the citizens, in the town in which he lives, than Dr. Matheson. Thank you! (*Applause*)

PRESIDENT SHEFFIELD: Gentlemen, are there further nominations for the Board of Dental Examiners?

DR. OLIN W. OWEN: I move the nominations be closed.

DR. T. E. SIKES: I second the motion.

PRESIDENT SHEFFIELD: It has been moved and seconded that the nominations be closed.

*(The motion was put to a vote and was carried.)*

PRESIDENT SHEFFIELD: Gentlemen, before we prepare the ballots and start balloting on this, the Election Committee has just handed me the results of the contest for Vice-President. I should like to announce that Dr. Horace K. Thompson is the new Vice-President of the North Carolina Dental Society. (*Applause*)

Dr. Horace Thompson, we should like to hear from you.

DR. HORACE K. THOMPSON: Mr. President, Members of the North Carolina Dental Society: It looks as though we are doing this a little backwards tonight. We have taken all the fun out of the last end of this ballot. However, be that as it may, I want to thank this Society for the honor it has shown me, and whatever this office calls on me to do, I shall perform it. Thank you! (*Applause*)

PRESIDENT SHEFFIELD: We shall now prepare ballots for Dr. Matheson and Dr. Plaster.

DR. J. T. LASLEY: Mr. Chairman, I should like to congratulate Dr. Thompson, and I move that we make this vote unanimous.

PRESIDENT SHEFFIELD: Dr. Lasley has just moved that the entire vote of this Society be cast for Dr. Thompson so as to make it unanimous. (*Applause*)

Come forward, gentlemen, and you can begin balloting for Dr. Matheson and Dr. Plaster.

(Recess for voting for Dr. William M. Matheson, or Dr. Hubert S. Plaster, as a member of the Board of Dental Examiners.)

PRESIDENT SHEFFIELD: Gentlemen, I shall now ask the Election Committee to vote.

At this time we shall have nominations to succeed Paul Jones as delegate to the American Dental Association.

DR. W. T. RALPH: Mr. President, I want to put in nomination a man who is recognized the width and breadth of this country in ADA circles, a man who has had experience, a man who, when he goes into the ADA House of Delegates, is recognized. He is senior member, now, of the Legislative Committee of the American Dental Association, and I think he will serve this Association well and do credit to himself and to this Association.

I nominate Dr. Paul Jones to succeed himself.

PRESIDENT SHEFFIELD: Dr. Paul Jones has been nominated to succeed himself. Do I hear a second?

DR. HENRY C. CARR: I second the motion.

PRESIDENT SHEFFIELD: Are there other nominations?

DR. N. J. HILL: Mr. President, I should like to move that the rules be suspended and a unanimous ballot be cast for Dr. Paul Jones to succeed himself.

DR. COYTE R. MINGES: I second it.

PRESIDENT SHEFFIELD: It has been moved and seconded that the rules be suspended and that Dr. Paul Jones be unanimously elected to succeed himself as a delegate to the American Dental Association.

*(The motion was put to a vote and was carried.)*

PRESIDENT SHEFFIELD: Paul, I declare you duly elected as a delegate to the American Dental Association for the next three years. Will you please come forward. We want a word from you.

DR. PAUL E. JONES: Mr. President, may I speak from here? I appreciate this recognition on the part of the members of the North Carolina Dental Society. In the interest of saving time, as I know you have other things on your program, I shall refrain from making any remarks at this time other than to say I sincerely appreciate this distinguished honor which you confer upon me. *(Applause)*

PRESIDENT SHEFFIELD: Thank you very much, Dr. Jones.

Next on the agenda is the nomination of five alternate delegates to the American Dental Association.

DR. PAUL FITZGERALD, JR.: Mr. President, I should like to place in nomination for the first alternate, Dr. Fred Hunt of Rocky Mount.

PRESIDENT SHEFFIELD: Dr. Fred Hunt has been nominated. Do I hear a second?

DR. COYTE R. MINGES: I second it.

PRESIDENT SHEFFIELD: Are there any other nominations? We must have five alternate delegates.

DR. LEE K. JOHNSON: I should like to nominate Dr. Frank Alford.

DR. ALTON W. BOTTOMS: I second it.

PRESIDENT SHEFFIELD: Dr. Frank Alford is nominated.

DR. RALPH SCHMUCKER: I should like to nominate Dr. Ralph Coffey.

PRESIDENT SHEFFIELD: Dr. Ralph Coffey has been nominated for alternate delegate.

DR. L. M. MASSEY: I second it.

DR. DARDEN J. EURE: I should like to place in nomination Dr. Paul Fitzgerald, Sr.

DR. W. T. RALPH: I second it.

PRESIDENT-ELECT BERNARD WALKER: I should like to nominate Dr. Horace Thompson from Wilmington.

*(The motion was duly seconded.)*

DR. WADE H. BREELAND: I move the nominations be closed, the rules be suspended, and the entire vote of this Society be cast for the five alternates.

*(The motion was duly seconded.)*

PRESIDENT SHEFFIELD: There has been a motion made and duly seconded that the nominations be closed, the rules be suspended, and the entire vote of this Society be cast for the five alternates, as follows: Drs. Fred Hunt, Frank Alford, Ralph Coffey, Paul Fitzgerald, Sr., and Vice-President Horace Thompson.

Let us vote.

*(The motion was put to a vote, and was carried.)*

PRESIDENT SHEFFIELD: I declare these men elected as alternate delegates to the American Dental Association. At this time I should like to announce the results of the last balloting. I will declare Bill Matheson to be duly elected to succeed himself on the Board of Dental Examiners. *(Prolonged applause.)*

Dr. Matheson, would you come forward? I am sure we should like to have a word from you.

DR. WILLIAM M. MATHESON: Dr. Sheffield, Members of the North Carolina Dental Society: First, I should like to thank those who voted for me; then I should like to thank those who voted against me. It shows me how hard I shall have to work to do a good job and please everybody.

Last time, I went into this office without prejudice against anyone. I shall do the same this time. I shall do the best I can to serve you people with credit to the Society and to myself. Thank you! *(Applause)*

DR. WILBERT JACKSON: Mr. President, where do we meet next year?

PRESIDENT SHEFFIELD: We are just coming to that, sir. Nominations are now in order for a meeting place next year. The Chair will entertain nominations for invitations.

DR. JOHN A. McCLUNG: I move that we meet in Pinehurst next year.

PRESIDENT SHEFFIELD: Dr. McClung has just made a motion that we meet here in Pinehurst.

DR. H. ROYSTER CHAMBLEE: I second it.

PRESIDENT SHEFFIELD: Are there any other invitations?

DR. WADE H. BREELAND: I move there be no further nominations accepted, the rules be suspended, and the entire vote of this Society be cast for the meeting at Pinehurst.

PRESIDENT SHEFFIELD: There has been a motion made and seconded that the nominations be closed, the rules suspended, and the entire vote of this Society be cast for Pinehurst as a meeting place next year.

*(The motion was put to a vote and was carried.)*

PRESIDENT SHEFFIELD: We shall meet in Pinehurst next year.

I should like to thank you for your patience and your endurance here tonight. I think we had a good time, and it seems to me that a very healthy condition exists in the North Carolina Dental Society. We have had contests, and I think that is right. When it comes to the point where there are no contests, I am afraid the interest is very low. Thus, we want to thank you very much for your patience and endurance. At this time, I should like to announce there will be a meeting of the House of Delegates in the Card Room immediately after we adjourn. I should like for you to go there promptly, because we have a lot of business and we would like to get through with it as soon as possible.

I now declare this meeting adjourned.

*(The meeting was adjourned at nine-forty o'clock.)*

## HOUSE OF DELEGATES

*Second Session*

The meeting was resumed at ten o'clock, President Sheffield presiding.

PRESIDENT SHEFFIELD: Mr. Secretary, is there a quorum present?

SECRETARY COFFEY: Yes, sir. The following delegates are present:

*Officers.*

Neal Sheffield  
B. N. Walker  
Wade Breeland  
Ralph Coffey

*Executive Committee.*

C. C. Poindexter  
I. R. Self  
Paul Fitzgerald, Sr.

*Ethics Committee.*

R. H. Chamblee  
A. W. Bottoms  
Clyde Minges  
J. A. McClung  
Paul Fitzgerald, Jr.

*State Board of Examiners.*

C. W. Sanders  
D. J. Eure

*First District.*

Pearce Roberts  
S. H. Isenhower  
C. C. Diercks  
Ralph Falls  
W. T. McFall

*Second District.*

Z. Vance Kendrick  
Riley E. Spoon  
C. R. Helsabeck  
Burke Fox  
Joe V. Davis, Jr.

*Third District.*

H. V. Murray  
S. W. Shaffer  
W. T. Burns  
Guy Willis  
M. L. Cherry

*Fourth District.*

S. B. Towler  
W. Howard Branch  
Walter Finch  
J. E. Swindell  
Alex Pearson

*Fifth District.*

Coyte R. Minges  
M. M. Lilley  
Fred Hunt  
R. A. Daniel, Jr.  
Z. L. Edwards, Sr.

PRESIDENT SHEFFIELD: I shall now declare the Second Session of the House of Delegates in session.

We are open to receive reports or any business that might come before the Society.

DR. FRANK W. KIRK: I want to make a Report of the Liaison Committee.

### REPORT OF THE LIAISON COMMITTEE

Everything seems to be going well with the Old North State Dental Society. Last year's meeting was held in June at Bennett College, in Greensboro, N. C.

The following men from Greensboro appeared on the program: our President, Dr. Neal Sheffield brought greetings to the Society. Dr. Frank Atwater gave a Clinic on the use of Hydrocoloids Impressions in Bridgework. Dr. T. E. Sykes, Jr. appeared before them on Oral Surgery.

The meeting this year will be held in Raleigh in June.

Dr. C. B. Jones of Elizabeth City is President; Dr. M. L. Watts of Raleigh is Secretary; Dr. Thomas Wadkins, Jr., is Chairman of the Program Committee.

It is the desire of this Committee, and we recommend, that in case any member of the North Carolina Dental Society is called upon to appear on any of their programs, he will respond.

Frank W. Kirk, *Chairman*

PRESIDENT SHEFFIELD: Gentlemen, you have heard the Report of the Liaison Committee to the North Carolina Dental Society. What is your pleasure?

DR. COYTE MINGES: I move the report be accepted as read.

PRESIDENT-ELECT BERNARD WALKER: I second the motion.

*(The motion was put to a vote and was carried.)*

DR. CLYDE MINGES: Mr. President, Members of the House of Delegates of the North Carolina Dental Society: First of all, I should like to explain my presence here. I have a letter from Dr. Pharr, who is Chairman of the Dental Assistants Education Committee, asking me to read this report. I therefore will attempt to do so.

### COMMITTEE REPORT

#### DENTAL ASSISTANTS EDUCATION COMMITTEE

#### THE NORTH CAROLINA DENTAL SOCIETY

Since the activation of the Committee, composed of Drs. J. W. Branham, Cecil A. Pless, Burke Fox, Sylvester P. Gay, Clyde Minges, John C. Brauer (Coordinator), and John R. Pharr (Chairman), one organizational meeting was held in Chapel Hill. Subsequently, through the coordination of the School of Dentistry and the Extension Division, Bureau of Correspondence, University of North Carolina, some twelve members of the faculty prepared twenty-five lesson assignments consistent with the educational standards of the Extension Division and the pattern recommended by the Educational Committee and the Certification Board of the American Dental Assistants Association. These lesson assignments as developed by the dental faculty were transmitted by the

Dean to our Committee and returned with comment for the final development of each lesson.

The twenty-five lesson assignments now are in book form and available through the Extension Division by dental assistants who are enrollees in the course. The total cost of the course is only \$30, including course material.

Dental assistants can proceed with this course in their home towns, wherein the lesson exercises of laboratory work, where necessary, can be done in the dentist's laboratory. Already, in this and other states, high school students and graduates are enrolling to become dental assistants. These girls can go to their family or community dentists to do the laboratory exercises or confer with their dentists. This course and plan, therefore, has great potential for procurement of dental assistants.

The American Dental Assistants Association's Educational Committee and Certification Board have given continued encouragement for this course and plan to submit it for formal approval at the Miami Meeting.

Already girls from the states of Washington, Utah, Texas, Illinois, New York, Massachusetts, Virginia, Georgia, Florida, North and South Carolina, and others, have enrolled in the course. It is believed that this pattern of instruction will meet with considerable favor and a service which will be most useful to dentistry, not only here in North Carolina, but throughout the nation. All of you have received a brochure, regarding this course, through the mail.

I wish to commend the various members of this important committee for their contribution to this valuable program and development.

John R. Pharr, *Chairman*  
C. E. Minges

Dr. J. W. Branham  
Dr. Cecil A. Pless  
Dr. Burke Fox  
Dr. Sylvester P. Gay  
Dr. Clyde Minges  
Dr. John C. Brauer, Coordinator

DR. CLYDE MINGES: I have here a letter from Dr. Gay expressing his pleasure with the report. I also have a letter from Dr. Cecil Pless, likewise. I have here a letter from Dr. Burke W. Fox, who dissents. I have tried, on numerous occasions, to have a meeting with Dr. Fox and seek a meeting of the minds on this question. I was very curtly turned down on several occasions. I told him it was my intention to make a majority report and that he would certainly have the privilege of making a minority report. I attempted to tell him, and he ran off and left me before I could do so.

I see him now, and I shall say to Dr. Fox that he now has the privilege of submitting this minority report if he cares to, and after that report is submitted by Dr. Fox, if he cares to do so, I shall then make a motion, please, that the majority report be accepted by this House of Delegates.

DR. BURKE FOX: Mr. President, I should like to say that I am sorry Clyde found it necessary, in his talk, to swear at me today. I merely tried to tell him that there was one bit of information in that report which was capable of being misinterpreted, and tried to have that cleared up. However, he said that he was going to stick by the report, that he did not want any clarification of it.

The point in question was this: the impression is given by that report that this correspondence course will be approved by the Certification Committee of the American Dental Assistants Association. This

morning, at the Holly Inn, the President of the American Dental Assistants Association told the dental assistants there that they thought the correspondence course was fine and that it was a wonderful opportunity for girls living in rural areas, but unless there was a radical change of thinking, the correspondence course would not be accepted in cities as a qualification for taking the certification. That was the misinterpretation I thought might be given to this. In Winston-Salem, for instance, they have been holding up courses locally wondering whether the American Dental Assistants Association would not approve this correspondence course for certification. The A.D.A. President says it will not—go ahead with the local courses.

PRESIDENT SHEFFIELD: Thank you very much, Dr. Fox, for clarifying the matter.

DR. CLYDE E. MINGES: I do not care to reply to what Dr. Fox has said. I move the acceptance of the majority report.

PRESIDENT SHEFFIELD: It has been moved that this report be accepted. Do I hear a second?

DR. C. C. POINDEXTER: I second it.

*(The motion was put to a vote and was carried.)*

DR. SAM L. BOBBITT: I should like to read the Report of the Advisory Committee to Selective Service.

#### REPORT OF THE ADVISORY COMMITTEE TO THE SELECTIVE SERVICE

This Committee has functioned in all cases where information was requested by the military. This year has been one with very little activity in regard to Selective Service.

First District—Walter Clark  
A. D. Abernethy, Jr.

Second District—Grady Ross  
T. L. Blair

Third District—Norman Ross  
C. C. Poindexter

Fourth District—Wilbert Jackson  
Tom Collins

Fifth District—Dan Wright  
Guy Pigford  
Sam Bobbitt, *Chairman*

DR. SAM BOBBITT: I move its adoption.

*(The motion was seconded, put to a vote and was carried.)*

PRESIDENT-ELECT WALKER: I should like to make the Membership Report.

## MEMBERSHIP REPORT

	First	Second	Third	Fourth	Fifth	Total
Current	146	170	137	97	103	653
State Life	15	32	30	30	35	142
ADA Life	2	2	3	5	0	12
Military Service	8	7	8	6	7	36
New Members	10	12	19	9	5	55
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	181	223	197	147	150	898
Reinstatements	5	0	4	0	0	9
1954 Dues unpaid	3	7	12	11	2	
To be Suspended	8	0	4	3	5	
Total Membership				898		
Total 1954 dues unpaid				35		
Total to be suspended				20		
New Members total				55		

PRESIDENT -ELECT WALKER: I should like to make a motion that this be accepted.

PRESIDENT SHEFFIELD: It has been moved that this Report of the Membership Committee be received. Is there a second?

*(The motion was seconded, put to a vote and was carried.)*

PRESIDENT SHEFFIELD: The report is accepted as read.

DR. G. L. HOOPER: I have here my report.

## REPORT OF THE HOSPITAL DENTAL SERVICE COMMITTEE

To the House of Delegates of the North Carolina Dental Society:

Your Hospital Dental Service Committee wishes to report that on February 3 of 1954, at the request of the Dental Service Committee of the American Dental Association, it inspected the Dental Service of the Veterans' Administration Hospital, Durham, N. C., and reported to the American Dental Association our findings.

At the request of the Dental Service Committee of the American Dental Association this Committee inspected the Oral Surgery Department of Duke Hospital, Durham, N. C., on May 12, 1954 and reported our findings to the American Dental Association.

G. L. Hooper, *Chairman*

DR. G. L. HOOPER: I move the adoption of this report.

DR. M. L. CHERRY: I second it.

*(The motion was put to a vote and was carried.)*

DR. G. L. HOOPER: I should like to recommend to each one of you men that if you have the opportunity to go by these places and see them, you will be well pleased with the part that our Dental Society is serving in these two institutions. Thank you.

DR. WALTER T. McFALL: Mr. President and Gentlemen of the House of Delegates: I have a committee report. It was the hope of Claude Parks, Ed Current, and myself at our first meeting of the House of Delegates, that we might fete and toast our classmate, our fine present President of the North Carolina Dental Society, on the opening of the House of Delegates last night. Claude has gone away, and Eddy is out,

and so the occasion never did come to fruition. However, I should like to say, Neal, on behalf of your classmates and friends of the class of 1923, we are awfully proud of you. You have given us a grand year's administration and good leadership. You have been fair and square, and not only are the Sheffields proud of you, but the class of '23, down in Atlanta, is, too. (*Applause*)

It was my privilege to be on the Kentucky State Program on Monday, the fifth of April. In the membership of the Kentucky State Dental Society is the present President of the American Association of Public Health Dentists, Dr. Jimmy Owen. Jimmy told me then, and I very much wanted to say something about it following our Dental Health Report by Dr. Ernest Branch, that there was a very great possibility and probability that the Lasker award, which is an award given for the outstanding man in American dentistry, who has done the finest public health service in American dentistry and in the public health field, would go to our own greatly admired and dearly beloved Ernest A. Branch. I thought Jimmy Owen, as well as Dr. Roy Norton, our Executive State Officer of the State Board of Health, should get a number of letters from the North Carolina Dental Society. It would be a fine thing if after the twenty-five years of sacrificial, heroic leadership Dr. Ernest Branch has given our Society, our North Carolina Dental Society would go on record endorsing, praising, commending his fine work, on our behalf and on the behalf of the children of North Carolina.

Mr. President, I have not any prepared resolution, but I make such a motion to the House of Delegates, as a member of the House of Delegates now sitting in the place of one of the representatives of the First District.

DR. CLYDE MINGES: I should like to second that motion. I, too, was in Kentucky, and it truly would have warmed the cockles of your heart to hear the things said about the way Dr. Branch has acted. The remarks were—well, I am not eloquent enough to make them—but I feel happy to be able to say that I come from the same state Dr. Branch comes from. He is recognized throughout the world, and Jimmy Owens, as President of the Public Health Association outfit spent considerable time with me in talking about this. I think we should spend some time on this. Perhaps it would be all right to appoint a committee to draw up suitable resolutions and letters so that they could be mailed officially by the Secretary (and certainly, that is no reflection on the Secretary) to Dr. Owens. What is his address?

DR. WALTER T. McFALL: State Board of Health, Louisville, Kentucky. He lives in Lexington, but he has his office there.

PRESIDENT SHEFFIELD: Dr. Minges, I believe there is a motion that this House of Delegates go on record as approving this, and you may second it.

DR. CLYDE MINGES: In the motion, would you make the recommendation that a committee be appointed to draw up a suitable letter?

DR. WALTER McFALL: That would be fine.

SECRETARY COFFEY: Mr. President, I was instructed by the Executive Committee to prepare a letter from the North Carolina Dental Society to the Chairman of this Award Committee. That letter was mailed on April 15, 1954.

DR. WALTER T. McFALL: That was ten days after this meeting, you see, and this is the first time we have had a House of Delegates meeting.

SECRETARY COFFEY: This letter was in the name of the North Carolina Dental Society.

*(Secretary Coffey read the letter dated April 15, 1954. page 395)*

DR. WALTER T. McFALL: Thus, it has been attended to. We did not hear the report, you see.

PRESIDENT SHEFFIELD: I should like to say, in connection with this, that I have prepared a letter, as President of the North Carolina Dental Society, in which I strongly recommend that Dr. Branch be the recipient of this award. I think it would be a fine gesture to let this come as a request from this House of Delegates.

A motion has been made and seconded.

DR. WALTER T. McFALL: Clyde added to it that a committee be appointed to draw up suitable resolutions. However you want to do it, that is the place to have it.

PRESIDENT SHEFFIELD: Don't you think it would be a little stronger if it came as action from the House of Delegates?

DR. WALTER T. McFALL: I do, because I think it is more than individuals.

PRESIDENT SHEFFIELD: Clyde, does that meet with your approval?

DR. CLYDE MINGES: Yes, sir. I want it strictly understood, Mr. Secretary, that there was no lack of confidence, please do not construe it that way, when I suggested the committee. I think the letter you wrote was very beautiful. I think you had one from the Secretary, and one from the President. This coming from the House of Delegates would be just fine.

DR. H. ROYSTER CHAMBLEE: I have heard it and I really think this body should commend our Secretary for the nice letter that has already gone out.

PRESIDENT SHEFFIELD: It is indeed a very nice letter, sir, and we commend you on that.

*(The motion was put to a vote and was carried.)*

PRESIDENT SHEFFIELD: At this time I should like to instruct the Secretary that he furnish a letter giving the action on this matter.

DR. WALTER T. McFALL: I shall present my report now.

## REPORT OF THE MEDICAL-DENTAL COMMITTEE

Your Committee begs leave to report as follows: upon receipt of the letter from our President, Dr. Neal Sheffield, in April, each and every member of this Committee was written to and asked for suggestions, ideas, recommendations, or portions he individually wished incorporated in the Committee Report. All of the Committee had previously been notified of their appointment by President Sheffield.

To recapitulate in orderly form the suggestions for both this year's committee and for the motivation and benefit of future committees of this service to follow:

1. We believe there should be annually representation appointed or selected by both the North Carolina Medical Association and the North Carolina Dental Society to exchange fraternal greetings at the occasion of each annual meeting of the two different meetings.

2. Realizing we are both a big part of THE HEALING ARTS, we desire and recommend that a statewide Legislative and Public Relations Committee be appointed each year by the respective presidents of the two different associations to work for the uniformity and better health of our people of the state. We further feel that EACH component district of the state should have such a committee appointed by its district president to serve on a district level when necessary or called upon.

3. North Carolina is one of the very few Southern states which does NOT have hospital dental internships and residencies approved by the Council on Dental Education. We earnestly urge that such desirable and teaching institutions as we manifoldly have in North Carolina be surveyed and steps taken to so arrange these dental internships and residencies.

4. Your Committee feels it would be to the better advantage of our people if EACH and EVERY city and county board of health in North Carolina had a dental member selected, appointed, or elected to better serve a complete Health Service.

5. Each and all of our state institutions where there is a necessary medical staff should have a dental staff or dentist on staff for the benefit of Health Services.

6. We urge, insist, and implore all our membership to align themselves in every manner and means with civilian defense activities on both a local, district, and statewide level. This will show good faith, professional alliance, and recognition, as well as being prepared for any emergency in these hectic "war-fared" days.

7. Co-joint committees from our two statewide associations to work together for a better comprehension and utilization of each others' services plus an acceptable and understandable general nomenclature understanding would benefit all.

8. The annual agreeing of utilizing essayists and clinicians from one profession to another would do much good on both local, district, and state programs. The medical and dental libraries can benefit all professional men. The sharing of programs of mutual general interest, of public health common problems, will help greatly, locally.

9. The acceptance or arrangements for recognizing professional status of all professional men and women regardless of race or color is due for consideration now.

10. We believe this Medical-Dental Relationship Committee has myriad possibilities when further surveyed, investigated, and explored. Questionnaires circulated at district level to membership in both professions should elicit many avenues of good and useful endeavor.

Respectfully submitted,  
The Medical-Dental Relationship  
Committee  
Walter T. McFall, *Chairman*

DR. WALTER T. McFALL: I move its adoption.

DR. SAM B. TOWLER: I second the motion.

DR. VANCE KENDRICK: We certainly agree with Dr. McFall in his thinking.

PRESIDENT SHEFFIELD: You have heard this report.

DR. Z. L. EDWARDS: Do you have any report or recommendation that the dentists be members of this kind of board?

DR. WALTER T. McFALL: It was the suggestion of the Committee.

DR. Z. L. EDWARDS: That the dentists be on this Board of Health?

DR. WALTER T. McFALL: City or county—we happen to have both.

DR. Z. L. EDWARDS: It is my understanding that the law already provided that there should be a dentist on each county board itself. I understand that is the law of the county board itself. By law, you must have a dentist and a druggist.

DR. WALTER T. McFALL: In answer to your question, we also had city, because in our city, our city's Board of Health is bigger than our county's. Our city has just given up and has quit the public health business, and our county does not have money to finish it, so now we have to back up and start all over again. Thus, we do not know what is going on now. We have a county representative, but not a city representative, and since one is bigger than the other, I do not know how many other places in North Carolina have the same predicament or dilemma.

PRESIDENT SHEFFIELD: Is there further discussion?

DR. WALTER T. McFALL: It is your appointment of what you wanted done personally on the Medical-Dental Relationship Committee, sir.

PRESIDENT SHEFFIELD: It has been moved and seconded that the Report of the Medical-Dental Relationship Committee be received. Let us vote on it.

*(The motion was seconded, put to a vote and was carried.)*

DR. O. L. PRESNELL: My report is very short.

#### REPORT OF THE STATE INSTITUTIONS COMMITTEE

It appears to the Committee that adequate dental services are being provided at our state institutions and that staffs and facilities are in keeping with the requirements.

O. L. Presnell, *Chairman*

DR. O. L. PRESNELL: I move the report be accepted.

PRESIDENT SHEFFIELD: You have heard the report. What is your pleasure? Do I hear a second?

*(The motion was seconded put to a vote and was carried.)*

DR. W. HOWARD BRANCH: Mr. President, I should like to present a report.

## EXPENSE REPORT OF THE HOUSING COMMITTEE

893 No. 8 Standard Envelopes, stamped and printed by U. S. Post Office	\$ 35.33
Addressing Expense	2.50
Total Expense	<u>\$ 37.83</u>

W. Howard Branch, *Chairman*

DR. W. HOWARD BRANCH: I move that this report be adopted.

PRESIDENT SHEFFIELD: It has been moved that this report be adopted.

PRESIDENT-ELECT WALKER: I second it.

*(The motion was put to a vote and was carried.)*

DR. MARVIN R. EVANS: Mr. President, Members of the House of Delegates: I shall now present the Annual Report of your Publications Committee.

## REPORT OF THE EDITOR-PUBLISHER

## JOURNAL OF THE NORTH CAROLINA DENTAL SOCIETY 1953-54

The Annual Report of your Publications Committee is herewith submitted setting forth the activities for the year 1953-54, and the consolidated financial position May 15, 1954.

The balance sheet and the accompanying statements of income and expenditures, as well as the outline of the activities from June 15, 1953, to May 15, 1954, are included.

The Journal as printed is a record of this phase of activity. In addition to the duties relating to the publication, the programs for our State Meeting and the Dental Directory were paid from the Editor-Publisher's funds.

The total receipts to date are \$2655.38. Total expenditures, \$2963.39. Receivable accounts, \$469.80. Balance on deposit in the Bank of Chapel Hill, May 15, 1954, \$1283.70.

I wish to express my sincere appreciation for the splendid help and cooperation of the Publications Committee, the Prosthetics Dental Service Committee, the Executive Committee, and the officers of our State Society.

## FINANCIAL STATEMENT

Year 1953-54

Balance on Hand June 15, 1953	1591.71
Receipts	
Subscriptions	13.50
Advertising Fees	2641.88
	<u>2655.38</u>
	4247.09
Expenditures	
The Colonial Press	
April Issue	761.70
Hand Programs	154.10
Directories	290.40
The Orange Printshop	
September Issue	699.75
January Issue	722.00

Foister's Camera Store (photo supplies)	58.49
Ledbetter-Pickard (office supplies)	28.70
Postage	48.04
University Service Plants (L. D. tolls)	94.35
Clerical Help	
Miss Harriet Horney	27.25
Miss Louise Curlee	2.50
Fred Clark	3.50
Charles Byerly	3.50
Henry McCray	6.00
Mrs. V. A. Hill	25.00
Joseph Ruzicka (binding Journals)	11.40
Gray and Creech, Inc. (stencils)	5.40
Sears-Roebuck	4.02
Western Union	5.86
American Assn. Dental Editors dues	10.00
Intangible tax	1.43
	2963.39
Balance on Deposit-Bank of Chapel Hill	
May 15, 1954	1283.70

Respectfully submitted,  
M. R. Evans, Editor-Publisher

PRESIDENT SHEFFIELD: Gentlemen, you have heard the reading of the Report. What is your pleasure in the matter?

PRESIDENT-ELECT WALKER: I should like to make a motion that this report be approved and that Dr. Evans be complimented on the excellent job that was done this year.

PRESIDENT SHEFFIELD: Do I hear a second?

DR. RILEY E. SPOON: I second it.

PRESIDENT SHEFFIELD: It has been moved and seconded that we receive this report and with it goes our very sincere thanks to you, Dr. Marvin Evans, for the very splendid work you have done.

*(The motion was put to a vote and was carried.)*

DR. BURKE W. FOX: May I speak?

PRESIDENT SHEFFIELD: Do you have a report?

DR. BURKE W. FOX: I have a resolution I should like to present. In 1950, a proposed change in the Constitution and By-Laws with reference to standing committees was brought in. At that time I talked to Roy Pridgen and told him I thought they were making a mistake, because in a few years' time the situation would arise where the President was so limited in his authority to make appointments that difficulties would arise. That occasion might come to pass when the most obviously fitted man in the Society for some committee chairmanship could not be appointed because under the Constitution and By-Laws no two men from the same district can be appointed to one of the standing committees.

Evidently, some of our Presidents have overlooked some of these passages in the Constitution and By-Laws under Article VII, as follows:

"Section 2. Unless otherwise specifically provided, each standing committee shall consist of five members, one from each district society, appointed by the president for terms of five years, four years, three

years, two years, and one year respectively, and thereafter, one member shall be appointed annually for a term of five years, and the Chairman shall be designated by the President.

"Section 3. In the event of a vacancy in the membership of any Committee by reason of death, resignation or otherwise, the President shall appoint a member of the Society, possessing the same qualifications as to eligibility as the previous member, to fill such vacancy for the remainder of the unexpired term."

Under specific statements about various committees, several are exempted on that five-year appointment: the Program Committee; the Clinic Committee; the Membership Committee; and the Exhibits Committee. These have special provisions, but most of those still limit them to just one man from each district. The Executive Committee is also exempted. It has two members. However, the Relief Committee, under Article 1, Section 21, has no provision for any appointment.

"Section 21. The Relief Committee shall consist of five members, one from each district society. The Committee shall elect one of its own members as chairman each year at the time of the annual meeting of the Society and report promptly to the Secretary-Treasurer. It shall be their duty to receive applications for relief, make proper investigations, and where necessary to recommend relief in the amount and for the duration deemed proper. The chairman shall keep a continuous record of proceedings, and make an annual written report to the House of Delegates."

During the past few years some of our Presidents have overlooked these provisions in the Constitution, and at the present time we have a situation in which several men have been appointed in an unconstitutional manner, and therefore are not entitled to hold office. Some of those men are so outstanding in their field that it would look as if it would be a handicap to the Society to deprive those men of acting on that. I might mention, for instance, Dr. C. C. Poindexter. He is from the Third District, and Dr. Lasley is also from the Third District. We know that Charlie Poindexter is far better fitted to handle this Prosthetic Service Program than any other man, and yet, according to this listing, he was appointed after Dr. Lasley.

PRESIDENT SHEFFIELD: Dr. Fox, may I interrupt you sir? Dr. Lasley was appointed, but he resigned from that Committee.

DR. BURKE W. FOX: I am merely going by this.

Another case is Ernest Branch on the Council on Dental Health. They have two members from the Fourth District. The other is Sam Bobbitt, sitting here in the House of Delegates.

On the Ethics Committee we have Royster Chamblee and Paul Fitzgerald, Jr., both well-versed men, and well capable of filling the post on the Ethics Committee and sitting in as members of the House of Delegates. Yet one of them, according to the Constitution, is here illegally.

That being the situation, we have some errors here. I do not know what we shall do to correct those immediate errors, but in view of the situation that has grown up, I should like to offer the following resolution:

"Be it resolved that the Constitution and By-Laws Committee be instructed to amend Article VII Section 2 of the Constitution and Section 21 of the By-Laws, to give the President more freedom and authority in making appointments to standing committees."

PRESIDENT SHEFFIELD: Thank you very much, Dr. Fox. Is there a second?

SECRETARY COFFEY: I second the motion.

PRESIDENT SHEFFIELD: I believe in a case where a motion is made which involves the Constitution and By-Laws, if we get a vote of 90 per cent in favor of this, it can lie on the table until the next session. Then, if we do not get a 90 per cent vote, it would lie on the table until next year. I believe that is the interpretation I have of the Constitution and By-Laws.

You have heard this resolution.

DR. Z. L. EDWARDS: Mr. President, would it not be in order for that to go through proper channels, to the Constitution and By-Laws Committee?

PRESIDENT SHEFFIELD: I believe it would, sir. Dr. Fox, would you present this resolution to the Committee on Constitution and By-Laws and let it come through that channel?

DR. BURKE W. FOX: I shall be glad to. Who is the Chairman of the Constitution and By-Laws Committee?

PRESIDENT SHEFFIELD: Dr. Frank O. Alford.

DR. BURKE W. FOX: Thank you.

PRESIDENT SHEFFIELD: He will have a report of some other resolutions, and if you will let that come through that channel, I believe it would be proper.

Are there any other reports?

DR. AMOS BUMGARDNER: I have my report.

#### REPORT OF THE NORTH CAROLINA ADVISORY COMMITTEE TO THE NORTH CAROLINA DENTAL HYGIENISTS ASSOCIATION

1. There have been five Executive Council meetings during the year.

2. The total membership is twenty-two.

3. All dental hygienists in North Carolina received from the Secretary letters inviting them to become members of the state and national association.

4. On October 11, 1953, the dental hygienists were guests of honor at a luncheon given by the Association at the Robert E. Lee Hotel, Winston-Salem, N. C.

5. The Association had two projects for the year:

Miss Emma Mills was a delegate to the National Convention in Cleveland, Ohio. She presented a table clinic at the meeting.

The North Carolina Dental Hygienists Association was presented at a meeting of District 6 of the American Dental Hygienists' Association at Birmingham, Alabama in March by Miss Emma Mills and Miss Alberta Beat.

At the 1953 meeting a motion was passed that the Association contribute to the Dental Foundation Fund by purchasing a page in the Memorial Book in memory of Miss Blanche Downie.

The American Dental Hygienist Association is represented by Mrs. Alice Grady, St. Augustine, Florida, who is Trustee of District 6.

6. Miss Lucille Williams, President and Miss Emma Mills, Vice-President, represented the Hygienists' Association at a meeting in Pinehurst, N. C. in February 1954, at which time Miss Mills submitted to the Executive Committee of Dentists for approval the program for the 1954 meeting.

7. Discussion among various dentists about the hygienists was brought before the Executive Council at the December 6, 1953 meeting. Their discussion included the following: 1. That hygienists not be allowed to use guest dental speakers. 2. That programs be published free by the Dental Society.

Sylvester Gay  
Wade Sowers  
Carey Wells, Sr.  
R. M. Olive, Sr.  
T. Spencer Woody  
H. K. Bowling  
Amos Bumgardner, *Chairman*

May I say there was some discussion that they did not want to impose upon the guest speakers. Some of the dentists felt they should not use the guest speakers at their meeting. They would like to have the Executive Committee or the House of Delegates, or somebody, give them a ruling on it officially so that they might have that to go by. They are a young organization, but they are working diligently. They want me to assure you they had no intention of imposing upon any of the guest speakers, but it has been customary for the guest speakers to speak to the different organizations, and they would love to know whether the House of Delegates or the Executive Committee approved or disapproved of this pattern.

I move the adoption of the report.

PRESIDENT SHEFFIELD: Do we have a second to the motion?

DR. RILEY SPOON: I second it.

*(The motion was put to a vote and was carried.)*

PRESIDENT-ELECT WALKER: Dr. Sheffield, point of order: I should like to say, as a point of information, that the Resolutions Committee is not a standing committee, and there is no reference in Article XV, the amendment to the Constitution, that any resolution has to go through the Resolutions Committee. The only thing I can see is that turning it over to the Resolutions Committee would just be to delay any motion that might need to be expedited. I should like to have a clarification of this, since this is the policy-making body of the North Carolina Dental Society, for future reference.

DR. FRED HUNT: Since this involves a Constitutional change, would it not have to come through the Constitution and By-Laws Committee?

PRESIDENT SHEFFIELD: That is what I had in mind at the time. Dr. Walker, would it have to go through the Constitution and By-Laws Committee?

PRESIDENT-ELECT WALKER: That is all right, but I just wanted to be sure.

DR. C. W. SANDERS: Since this is a resolution and since this body would be empowered to adopt this resolution and use its authority to refer it to the Constitution and By-Laws Committee, I make a motion that the resolution be adopted by the House of Delegates.

PRESIDENT SHEFFIELD: It has been moved that this be referred to the Constitution and By-Laws Committee. Do I hear a second?

DR. M. L. CHERRY: I second it.

*(The motion was put to a vote and was carried.)*

PRESIDENT SHEFFIELD: The motion is carried.

DR. FOX, we shall be glad to have you refer that to the Constitution and By-Laws Committee, and they can report on it at such time as they wish, at this session, if they like.

DR. J. R. EDWARDS: Members of the Society, I should like to give the Report of the Insurance Committee.

#### REPORT OF THE INSURANCE COMMITTEE

On Thursday, May 13, 1954, your Committee met with the State Insurance Commission. We are delighted to report that they are recommending a reduction in the premiums for the Dental Liability Insurance from \$18.00 to \$15.00.

Sunday, July 12, 1953, your Committee met with the President of the North Carolina Dental Society, Dr. Neal Sheffield, and other committees. The Aetna Insurance Company was represented, also Mr. J. L. Crumpton from the Health and Accident Insurance Company was there. It was definitely decided that no dentist who is not a member of the state and national society would be eligible for either liability or health and accident insurance. The Aetna reports that 85 per cent to 90 per cent of our membership are properly covered. They suggest that an \$18.00 premium carries a coverage of from \$5,000 to \$15,000, or instead, you could pay a premium of \$37.08 and have a coverage of from \$100,000 to \$300,000. We are also glad to report that the Aetna Insurance Company now has a representative in Wilmington, and we hope that the Wilmington boys are properly protected at this time.

May I just say right here, last year at our meeting it was reported that some of the policies were cancelled on the boys in Wilmington. We found that the Aetna did not, at that time, have a representative down there, so we contacted them, with the result that they have a representative down there now, and I hope everything is going well.

The American Dental Association Health and Accident Insurance Company reports that North Carolina needs thirty-two more new members to have 50 per cent of its membership. The time limit has been extended to May 31, 1954. We sincerely hope we reach this goal.

In connection with our North Carolina Dental Society Accident and Health Plan, established and administered by J. L. Crumpton, Durham, N. C., since 1943, I wish to report that this plan has continued to be of untold service to our members during the past year. Between 500 and 600 members are insured under the plan.

During the year, Mr. Crumpton's office has mailed to our sick or injured members checks totaling \$55,160.52, more than a thousand dollars per week.

We are informed that a number of our members are now disabled with long disabilities on account of heart and other coronary diseases, with other diseases such as bursitis, hernia, prostatitis, and kidney diseases, also coming in for considerable payments.

In addition to sickness, it is reported that injuries have required large payments on the part of the company, injuries that would not have disabled men in other professions. We should not forget our hands, our feet, and our eyes are the source of our earnings; and if anything happens to them, our power to earn ceases.

Your Committee would like to again emphasize for the benefit of our members the importance of personal attention in handling disability claims. It has been Mr. Crumpton's aim and purpose to see that every one of our disabled members has his personal attention while he is disabled. All claims are paid direct from his office, not sent to some distant state to be passed on and paid by some unknown person. This is of great value to use. Therefore, your Committee recommends that all of our members be urged to protect themselves under the State Society Plan of Accident and Health Protection, supplementing it with such additional coverage as the member may feel necessary to meet his needs.

J. R. Edwards, *Chairman*

PRESIDENT SHEFFIELD: Gentlemen, you have heard the reading of the Insurance Committee Report. What is your pleasure?

DR. SAM B. TOWLER: I move it be adopted.

DR. C. C. POINDEXTER: I second it.

*(The motion was put to a vote and was carried.)*

DR. W. T. BURNS: May I ask, has the Body-At-Large been advised that we only need thirty more members to get this over?

PRESIDENT SHEFFIELD: It has been advised several times, and I think we cannot overemphasize that. I should like to say further in that connection, that unless the men who cannot get insurance anywhere take full advantage of this, it is not going to be worth a great lot. To the men who cannot get insurance otherwise, those men who are poor medical risks, if they do not apply immediately, this thing will be closed. I should like for all men to know that this is open and that they should avail themselves of this privilege.

DR. J. R. EDWARDS: I have only had two letters to be filled out, but we have the blanks at the desk, as I reported two weeks ago, and it seems I have had enough who had promised they would fill it out to complete our goal. However, don't let us stop with that, let us go over the top. We have the blanks and we should like for you to fill them out and mail them from here.

DR. WALTER T. McFALL: Did you tell the group that if they have a medical record, to make application for \$200 instead of \$400, because it takes a long time to process it, and the time would be gone before we could do that?

DR. J. R. EDWARDS: I told some of them.

PRESIDENT SHEFFIELD: Are there further reports?

DR. SAMUEL ISENHOWER: I have my report.

### REPORT OF THE ADVISORY COMMITTEE NORTH CAROLINA MEDICAL CARE COMMISSION AND GOOD HEALTH ASSOCIATION

As the title of this Committee states, this is an advisory group. This Committee was not called upon to function during the past year. Correspondence was carried on with Mr. James T. Barnes, Executive Secretary of the Medical Society of the State of North Carolina, relative to the functioning of the Committee.

The duties of this Committee are quite limited and it seems that there is little need for the Committee to remain on the special committees of the Society.

S. H. Isenhower, *Chairman*

PRESIDENT SHEFFIELD: Thank you, Dr. Isenhower.

Gentlemen, you have heard the reading of this Committee Report. Do I hear a motion for its adoption?

DR. SAM SHAFFER: I move its adoption.

*(The motion was seconded put to a vote and was carried.)*

PRESIDENT SHEFFIELD: I should like to call the incoming President's attention to this Committee Report and let him act and use his own judgment.

DR. C. C. POINDEXTER: I have a very long report here.

### REPORT OF THE EXECUTIVE COMMITTEE

There were the usual four meetings of the Executive Committee during the year: At Pinehurst, May 20, Greensboro, July 12, Raleigh, October 26, and Pinehurst again, February 14. The reports are rather lengthy and since they will be published in the *Journal* I suggest that we dispense with the reading.

For the past several months the office of the Chairman was besieged by inquiries as to answers of the Board of Trustees of the University of North Carolina to the resolution that was adopted at last year's meeting in relation to certain policies and practices in the School of Dentistry. In an attempt to reply to those making inquiries, the Committee directed Secretary Coffey to address another letter to President Gray.

The Committee recommends for honorary membership in the North Carolina Dental Society Dr. L. D. Pankey, Dr. Phillip Earl Williams, and Dr. Kenneth V. Randolph.

The late Senator Clyde Hoey was a friend and staunch supporter of North Carolina dentistry. The Executive Committee thought that a

contribution of \$25 to the Dental Foundation would be a fine gesture and therefore suggested that this amount be sent to the Foundation, which Dr. Coffey did on the 13th.

C. C. Poindexter, *Chairman*

PRESIDENT SHEFFIELD: Gentlemen, you have heard the reading of the Executive Committee's Report. What is your pleasure?

DR. SAM W. SHAFFER: I make a motion to accept it.

*(The motion was seconded, put to a vote and was carried.)*

DR. FRANK O. ALFORD: Mr. President, Members of the House of Delegates: I have a whole folder-full here. I have a report from the Board of Dental Examiners. It is the same report we made to the Governor in January. I should like to present this report by title, if I may, and let it be published in the Proceedings (there are about fifteen pages of it) if that is the wish of this organization.

PRESIDENT SHEFFIELD: What is your pleasure in the matter?

DR. WADE H. BREELAND: I make a motion to accept it but receive it by title.

DR. C. C. DIERCKS: I second it.

DR. W. T. BURNS: I am not thoroughly informed on this, but I should like to ask: is there any provision made for notifying the boys who receive notices that they have passed the State Board? Are they getting information as to how to go about getting their membership in order with the various district secretaries?

DR. FRANK O. ALFORD: Yes, Dr. Burns. The Board passes out each year at the examination, to all of the white dentists, applications for membership in the North Carolina Dental Society, if they are going to practice in the state. They are instructed to file those applications with the district secretary for action by him.

DR. W. T. BURNS: Some of the boys seemed not to know what to do, that is why I asked the question.

DR. FRANK O. ALFORD: They have been informed. Perhaps they were thinking about other things and overlooked the procedure.

I have a report of the Centennial Committee, Mr. President, which I should like to present.

#### REPORT OF CENTENNIAL COMMITTEE

The Chairman wrote to all Committee members on December 20, 1953 to ascertain the time for the meeting and the type of program to be planned for the Centennial of the North Carolina Dental Society. It was the consensus of opinion of the members of the Committee that this program should be held during the Annual Meeting of the North Carolina Dental Society, 1956.

The Committee met on February 14, 1954 at Pinehurst, North Carolina, to discuss further plans for this meeting. It was decided that the theme of the 1956 Annual Meeting of the North Carolina Dental Society should be centered around the Centennial, with one whole day of the Program devoted to the Centennial.

It was decided to encourage the district societies to have similar programs in the fall. In the planning for this meeting, the Committee felt that we should try to get all old instruments and equipment for display and collect all available data pertaining to the organization and early development of the North Carolina Dental Society.

It was felt that we should secure as much publicity as possible preceding the meeting.

It was also suggested that an effort be made to get the United States postal authorities to print a postage stamp, memorializing the founding of the North Carolina Dental Society.

This program is necessarily going to require a lot of work and a considerable amount of money, and your Committee would recommend that an appropriation be made to finance the program in a manner which will be a credit to the profession and to the North Carolina Dental Society.

Your Chairman has contacted the Director of the Extension Division of the University of North Carolina to ascertain the feasibility of having a pageant depicting the outstanding events in the history of the organization. Such a pageant is now being planned at State College, celebrating the Bicentennial of the Extension Division of that institution. We were unable to get a reply to this request before this meeting, but shall pursue it further.

Frank O. Alford, *Chairman*

I have a letter that Dr. Murray wrote to his brother-in-law, Dr. Culler, in Baltimore, asking if the Committee felt we should have a display of old instruments in anything of that period, whether it would be possible to secure them from the University of Maryland. We have a letter saying that Dr. Eisenberg had promised he would send a man with a display of all of the relics they have, if we want them. Thus, that is the progress report of the Centennial Committee. I should like to present that, Mr. President, for information. That is your only appropriation, if the House wishes to take it.

PRESIDENT SHEFFIELD: Thank you very much. Do you, at this time, have any figures in mind?

DR. FRANK O. ALFORD: No, I do not. I just know it is going to take some money—how much, I do not know.

DR. CLYDE E. MINGES: Mr. President, I think there is reposing now in the Museum of the University of Pennsylvania perhaps the first casting machine that was ever made. It was made by our own Dr. Fleming, who is critically ill at this time, I understand. I think that by contacting those people, they would be glad to even give it to us, if they were properly approached. That is the University of Pennsylvania. I think it is in the Museum of that University.

PRESIDENT SHEFFIELD: I think that is a very good suggestion for this Committee. I would suggest, while I am on my feet, that the American Dental Association be contacted through a trustee, which I presume to be the proper approach. I believe we can get a great deal of aid from the American Dental Association in this, to help us on the program of the Centennial Meeting.

Dr. Alford, would you like to make a statement that the Executive Committee be approached when the amount needed is known, and include that in your report? I do not believe we could make a motion

here and now when the amount is not stipulated. As these amounts become known, would you let that information go to the Executive Committee?

DR. FRANK O. ALFORD: I should be glad to do that, Mr. President, but before this goes too far I think we should like to know, or the Committee should know, if they are going to have any money, how far they can go, and how they are going to be able to finance it. If the Executive Committee will make a certain appropriation, fine. We just would like to know, as we are going to proceed with this thing, that we are going to be able to finish it.

PRESIDENT SHEFFIELD: You have heard the report. What is your pleasure in the matter?

DR. C. C. POINDEXTER: President Sheffield, this incoming administration is going to have a lot to do with this program. I wonder whether we should have some clarification from Dr. Walker or his Executive Committee? It is going to be Dr. Walker's problem, during that year, to do that.

PRESIDENT SHEFFIELD: Dr. Walker, would you like to comment on that at this time?

PRESIDENT-ELECT WALKER: Yes, I should like to endorse Dr. Alford's report, his committee, and him. I know they have certainly been spending quite a bit of time and laying a lot of groundwork. As a statement of policy, since it will be in Dr. Branham's administration that the Centennial will actually occur, I would say that this next year we shall probably need to spend some money in preparation. Therefore, it is my intention to appoint the same committee, with Dr. Branham's consent, with Dr. Alford as Chairman. I assure you Dr. Alford and his committee, as well as the Executive Committee, will be frugal with the expenditures.

I should like to have a statement of policy, or statement of confidence, from the House of Delegates, since it is the House of Delegates who should be the policy-making body.

PRESIDENT SHEFFIELD: You have heard the report of this Committee. You have heard the discussion. Do I hear a motion?

QUESTION: What are we voting on?

PRESIDENT SHEFFIELD: We are voting on the acceptance of the report of the Centennial Committee. This Committee has asked that certain funds be appropriated as the needs become known. We want this body to go on record as being in favor of going ahead with this project, and as the need of funds might arise in the future, we would let the Executive Committee guide us in the matter.

SECRETARY COFFEY: I so move.

DR. C. C. DIERCKS: I second the motion.

DR. Z. L. EDWARDS: I think you are limited by your Constitution and By-Laws in that no administration is permitted to spend more than its

income during that year. It seems as if you are giving a blanket check to the Committee to spend money. As I say, if you do spend more than you take in during the current year, you will certainly be violating the Constitution and By-Laws, and that was put in there for a very good reason.

In making these remarks I do not mean to cast any reflection on the present Committee, because I know they have enough Scottish blood in them to spend it economically. However, I wonder how you can authorize funds without having any idea as to what the amount is going to be.

I believe, a few times in our history, we have violated the Constitution and By-Laws with reference to the limit on the amount any administration can spend, but we have done it and have overlooked it and have paid no attention. Thus, it seems to me that this Committee and the Executive Committee ought to get together and arrive at an estimate as to what they are going to need during the incoming year, in case they are going to need some money this coming year. Let us not go into it and authorize a blank check to spend money without taking under consideration your Constitution and By-Laws. As I said, that was put there for a very good reason.

It would appear to me that in order to put on this program you are going to be required to spend more money during some year than you are going to take in from current funds. If you do that, in order not to violate the Constitution and By-Laws it is going to be necessary to tap your savings, depending on the size. In order to do that, I think you must have authorization from the House of Delegates. Unless you do that, well, I should think you will not be permitted to spend more than you take in in current income, and if you spend more than that you will have authorization to spend some of the other things.

DR. C. C. DIERCKS: The Centennial Committee meeting is in 1956. This is 1954. We have a little time to prepare for this. Would it be within the Constitution and By-Laws for either the House of Delegates or the present Executive Committee, during the year 1954, to set aside so much money, and in 1955, to set aside so much money, so that the entire expense should not come during the year 1956?

DR. BURKE W. FOX: The By-Laws Committee gives the House of Delegates no authority to appropriate any money. All appropriations of money must be made by the Executive Committee, and therefore it is improper for the House of Delegates to consider a motion to appropriate money. It must be done by the Executive Committee.

PRESIDENT SHEFFIELD: Thank you very much, Dr. Fox.

PRESIDENT-ELECT WALKER: I should like to read Article XIII of the By-Laws:

#### "ARTICLE XIII—OFFICERS' SALARY, OBLIGATIONS INCURRED

"The officers of this Society shall not receive pay for their services, except as provided for in Article I, Sections 4 and 5, of the By-Laws, nor shall they incur debts greater than the income of the Society during the year of their tenure of office, except by a two-third majority vote of the House of Delegates of the North Carolina Dental Society."

This means at this time if there is a two-thirds majority vote, we can give a flexible credit to the Centennial Committee to provide for their needs, without crippling or limiting this year's tenure of office.

DR. BURKE W. FOX: Mr. President, I raise Section 6.

DR. FRANK O. ALFORD: We do not need the money this year.

DR. BURKE W. FOX: Section 6 conflicts with that other section.

*(Cries of "read it" came from the floor.)*

DR. BURKE FOX: By-Laws, Article 1, Section 6: "The Executive Committee...shall have general superintendence of the affairs of this Society, shall approve all appropriations, and shall decide on date of annual meeting."

It says "they shall approve." They can approve it, send it back, and we can take our two-thirds vote; but the Executive Committee will have to approve it before we can take that vote.

PRESIDENT SHEFFIELD: At this time I should like to recognize Dr. Ralph Coffey, our Secretary. He can give us some totals as to the finances.

SECRETARY COFFEY: Mr. President, I wanted to get a little word in tonight. This is my record. The financial proceedings will be printed in the record after it goes to the auditors. Just for the information of the House of Delegates, the balance as of May 15 (that was Saturday, when I came to Pinehurst) was \$11,265.10. That is the general fund. Our estimated income for this year is around \$12,000, net income. In savings, the maturity value of our bonds is \$13,000, in the general fund. In that \$11,265, we have \$3500 collected from the exhibits. This is just for information: in the relief fund we have a balance of \$1270, with \$13,075 in bonds. That will give you some idea as to the money we have.

I like Dr. Dierck's idea of making the appropriation during three different years. In that way there will not be any chance of going over our income in any one year.

DR. FRANK O. ALFORD: Mr. President, I think these bills should be paid by the Secretary. I do not see any need for any money, certainly not this coming year. There may be a little postage, but it will not amount to anything much. There is going to be some expense, I am sure, on freight and things, if we put on this program, depending on the type program. It is hard to determine right now just what type program we are going to have, or what type program we shall be able to have. Thus, I think this thing can go ahead, if you want to set aside a fund to take care of it this year, and one next year, and then take care of the remainder the next year—just set it aside or appropriate it. I doubt, though, that there will be any withdrawal from that fund within the next year, at any rate.

PRESIDENT SHEFFIELD: In that case, since it seems there will be no need for any large funds during this year, suppose we leave it in the hands of the Executive Committee? We wanted to be sure we would have funds available to put on a creditable program.

DR. FRANK O. ALFORD: I have a report of the Constitution and By-Laws Committee which I would like to present at this time. It deals with a change in the Constitution and By-Laws. I should like to preface this report. This pertains to establishing an Advisory Committee to the School of Dentistry at the University of North Carolina. On April 11, there was a meeting of the Advisory Committee, and the Committee and the School of Dentistry both wanted a continuation of this Advisory Committee. They wanted to make it a standing committee with the duties of the committee stipulated.

In an effort to do that, your Constitution and By-Laws Committee has drawn up this amendment. It is as follows:

#### REPORT OF THE CONSTITUTION AND BY-LAWS COMMITTEE AMENDMENT TO CONSTITUTION AND BY-LAWS

Change Article VII, Section 1 of the Constitution by adding to standing committees following Relief Committee the following:

Advisory Committee to the School of Dentistry,  
University of North Carolina.

Change By-Laws, Article 1—Duties of Officers, following Section 21, by adding another section as follows:

“Advisory Committee to the School of Dentistry  
of the University of North Carolina

Section 22. The Advisory Committee to the School of Dentistry of the University of North Carolina shall consist of ten (10) members, two from each District Society, to be elected by ballot by each individual district as follows: 1st District—two members for one year, 2nd District—two members for two years, 3rd District—two members for three years, 4th District—two members for four years, 5th District—two members for five years, and thereafter, *in turn*, each district shall elect two members to this Committee for a period of five years. The Committee shall elect a Chairman and a Secretary from its membership. The Chairman shall call and preside over all meetings. The Secretary shall keep a continuous, accurate, and permanent record of all proceedings and make a written report to the House of Delegates of all actions taken by the Committee. This Committee shall be responsible for reporting to the University officials any action taken by the North Carolina Dental Society pertaining to the School of Dentistry. It shall also represent the Society and service the profession in an advisory capacity in all matters concerning the School of Dentistry at the University of North Carolina. It shall be their duty to advise and confer with the Dean of the School of Dentistry and act as a liaison committee between the School of Dentistry and the Dental Society.”

That is an amendment to the Constitution and By-Laws providing that the Advisory Committee be made a standing committee.

I understand that requires a vote of adoption at this meeting. It has to lay on the table, if it gets a 90 per cent vote; then it is an amendment to the Constitution and By-Laws.

PRESIDENT SHEFFIELD: Gentlemen, you have heard the reading of this resolution. Shall we vote on it at this time? Do you understand that if you get 90 per cent of the vote of the House of Delegates, it will lay on the table until the next meeting, and then it can be passed on? If it receives less than 90 per cent, it can lay on the table until next year. What is your pleasure in the matter?

A MEMBER: Mr. President, if I am not incorrect, and I think I may be, the Constitution and By-Laws says it shall be presented at a meeting at any annual session as a matter of information and voted on at a subsequent session of the said annual session. If it receives a 90 per cent consent it becomes part of the Constitution and By-Laws. If it does not, it lays on the table until the next annual session one year hence, at which time it requires a two-thirds majority.

DR. FRANK O. ALFORD: That is right.

PRESIDENT SHEFFIELD: Thank you very much. I stand corrected on that.

DR. BURKE W. FOX: Mr. President, we have had a situation where members of the Committee, supposed to represent this Society, saw fit to represent their own views instead of representing the Society. The proposed amendment to the By-Laws, I think, should not be adopted as it stands at the present time.

DR. Z. L. EDWARDS: Mr. President, point of order. If I understand the interpretation of the Constitution and By-Laws properly, this is not for discussion at this time. Am I correct?

A MEMBER: It is only a matter of information, as I understand it.

DR. Z. L. EDWARDS: This is supposed to lie on the table. At the next meeting, it will be time for discussion. If the gentleman has any matter for discussion, it is to be brought up then.

DR. BURKE W. FOX: There will be no vote taken tonight?

DR. Z. L. EDWARDS: No.

DR. BURKE W. FOX: All right, then.

PRESIDENT SHEFFIELD: Then this would require no vote now, is that right?

A MEMBER: That is correct. That is the way I understand it, until tomorrow morning, Wednesday morning, or whenever you have your next meeting.

PRESIDENT SHEFFIELD: Good enough. Is there any other report?

DR. FRANK O. ALFORD: Mr. President, I have not finished this report of this Committee. This other proposed amendment pertains to the delegates to the American Dental Association. About six or eight years ago I was serving on this same Committee, and the Constitution and By-Laws were changed at that time. We had three delegates to the American Dental Association, and we were entitled to another delegate. The Committee felt we should make the President of the Society a delegate, so that he might be informed of what was taking place in the American Dental Association. We provided at that same time if we had membership to entitle us to a fifth delegate, the President-Elect should take that place.

These men have been in for one and two years, and then they are out. They never go back. There has been a feeling that we have lost a lot of representation in the American Dental Association, as well as political strength, by these men who have been going just for one or

two years not being familiar with the functions and actions of the American Dental Association. It takes a long time to form contacts where you can be of very much service, or have very much influence. In view of the fact that next year we shall be entitled to six delegates to the American Dental Association, it has been suggested that the Committee draw up an amendment to the Constitution and By-Laws providing for these delegates to be elected. I shall read the proposed changes.

Strike out Section 2, Article IV (of the Constitution), Officers, and supplement with the following:

"Section 2. The delegates to represent this Society in the House of Delegates of the American Dental Association shall be elected by ballot as provided for in Article IX of the By-Laws. At each annual meeting two delegates shall be elected for a term of three years."

I might say that this could not possibly affect our delegation this year. I understand we do not have enough paid members at present to give us the sixth delegate, anyway.

"In the event that an increase in membership shall entitle the Society to additional delegates, they shall be elected at large to serve terms of three years, until the Society shall have nine delegates, at which time three delegates shall be elected each year. (See Chapter II, Section 90, By-Laws of the American Dental Association.) In the event a decrease in membership shall reduce the number of delegates, the junior delegate shall be eliminated from the representatives. The sum of fifty dollars shall be paid to each delegate in partial defrayal of expenses, provided he shall have been certified by the American Dental Association as having attended every session of the House of Delegates.

"Alternates to equal the number of delegates shall be selected. The President, the President-Elect, and the Secretary-Treasurer, unless they are an elected delegate, shall become an alternate to the House of Delegates of the American Dental Association, without the formality of election. The remaining alternate shall be elected each year as provided in Article IX of the By-Laws."

Frank O. Alford, *Chairman*  
Daniel F. Carr  
Z. L. Edwards  
A. P. Cline  
C. W. Sanders

PRESIDENT SHEFFIELD: Gentlemen, you have heard this resolution. As duly provided, it will lay on the table in the House of Delegates, to be acted upon at a subsequent meeting.

DR. C. C. POINDEXTER: Mr. Chairman, just as a matter of information for this group, Dr. Alford stated in the Constitution and By-Laws that each delegate is entitled to \$50 for expenses to the House of Delegates. I do not know how many of you fellows know it, but these gentlemen who have been going year after year, as far back as I have known, go there and give their time. They have very little opportunity to visit the clinics or the exhibits. In so far as I know, certainly during the time I was President, no delegate requested this payment of \$50. I think that speaks well for those gentlemen who have been attending, as delegates, of this organization.

PRESIDENT SHEFFIELD: Thank you very much, Dr. Poindexter.

DR. W. T. BURNS: Mr. President, would there be any possibility of any copies of these amendments being available before the next meeting of the House of Delegates?

PRESIDENT SHEFFIELD: You might contact the Chairman of that Committee. I feel sure, if possible, he will give you those copies.

DR. FRANK O. ALFORD: I had copies made for each member of the Committee this afternoon, and I shall be glad to have more copies made tomorrow morning and furnish them to you.

PRESIDENT SHEFFIELD: Are there any further reports?

SECRETARY COFFEY: I should like to present the Clinic and the Publicity Committees Reports.

PRESIDENT-ELECT WALKER: I move that they be received by title.

DR. H. ROYSTER CHAMBLEE: I second it.

*(The motion was put to a vote and was carried.)*

### REPORT OF THE PUBLICITY COMMITTEE

Newspaper publicity has been handled this year through Mr. Robert Madry of Chapel Hill with cooperation of Dr. Marvin Evans, the Editor of our bulletin. The radio spots were provided by Mr. Robert Madry of Chapel Hill and Mr. Noel Yancey of Raleigh, both with Associated Press.

Ed Baker, *Chairman*

### REPORT OF THE CLINIC COMMITTEE

Your Clinic Committee consisted of the following men: Drs. James Hinson, Milo Hoffman, E. L. Eatman, A. A. Lackey, H. E. Plaster, and myself. Topographically located over the state, we attempted to bring you a variety of subjects from this cross-section, subjects that would provoke interest, from men of the highest character bringing you quality clinics with the most recent ideas in better dentistry.

You can be assured that many useful ideas will be taken home by the fellows who attend these twenty-four table clinics for the full half day.

The Committee wishes to express grateful appreciation to each of these clinicians for their efforts in preparation and their participation in such a vital part of the success of our program.

Franklin Bumgardner, *Chairman*

*(Motion made and seconded to receive this report carried.)*

PRESIDENT SHEFFIELD: If there is no further business to come before this group, I now declare this House of Delegates adjourned until Wednesday morning after the General Session.

*(The meeting was adjourned at eleven-thirty o'clock.)*

## GENERAL SESSION

TUESDAY MORNING, MAY 18, 1954

The meeting was resumed at nine-thirty o'clock, President Sheffield presiding.

PRESIDENT SHEFFIELD: The fourth session of the North Carolina Dental Society will please come to order.

This morning we are very fortunate and happy to have a gentleman from Virginia. We have always had many visitors from the State of Virginia, we have always enjoyed them, and have looked forward each year to their visits. At this time I should like to recognize Dr. John B. Todd, Past President of the Virginia State Dental Association.

Dr. Todd! (*Applause*)

DR. JOHN B. TODD: Dr. Sheffield, Members of the North Carolina Dental Society: I want to take just a minute or two of your time to bring to you a message from Dr. Nelson Gray, President of the Virginia State Dental Association, who has appointed me special emissary to bring to you greetings and special best wishes for a good meeting. By the same token, I have been requested by the General Chairman of our Convention Cruise to extend to the members of the North Carolina Dental Association an invitation to join us next year on our Convention Cruise. We shall have a week's cruise, leaving Norfolk on April 29, and returning to Norfolk on May 8. The "Queen of Bermuda" has been chartered as the convention ship. If you choose to go to New York and pay \$20 extra, you can leave New York on Thursday, April 28. If not, we leave from Norfolk, April 29, at three o'clock, p.m. We shall have one day and one night in Havana and we shall have one day in Nassau.

On this cruise we shall have essayists, the same as you have here. The President-Elect of the American Dental Association has promised us that he would be there, too.

You may use the boat as your hotel. Most of you are interested in what it is going to cost. In these fancy folders they always give you the cheapest price, and it says here "\$165 and up." I can assure you most of them are "and up."

If any of you are interested in going, you may write to Dr. W. T. McAfee, Secretary-Treasurer of the Virginia State Dental Association, Roanoke, Va.; Dr. Grover Starbuck, Arlington, Va.; or the United States Travel Agency, 807 Fifteenth Street, N. W., Washington, D. C. If you are interested in going, I would suggest you make your move quickly because the ship is rapidly filling up.

Thank you very much.

PRESIDENT SHEFFIELD: At this time I should like to recognize Dr. Riley Spoon, who will introduce our next essayist.

DR. RILEY E. SPOON: Mr. President, Members of the North Carolina Dental Society, and Guests: It is a particular privilege to be able to introduce to you your essayist of the morning. He was graduated from the University of Maryland in 1939 and received a fellowship in 1940 in the Department of Operative Dentistry. Since that time he has become

professor and head of the Operative Department of the University of Maryland.

Dr. Randolph is not a stranger to us. He has been in our presence, and I think all of us who have heard him and have been former students of his hold him high in our esteem. It is a pleasure and a privilege to introduce to you Dr. Kenneth V. Randolph, whose subject will be "Failure in Amalgam Restorations."

### "FAILURE IN AMALGAM RESTORATIONS"

By KENNETH V. RANDOLPH, D.D.S., Baltimore, Md.

The field of operative dentistry often takes a back seat to the more specialized phases of dentistry and seems to carry a comparatively small interest for meetings of this type. Too often the average practitioner regards all operative procedures as being rather cut and dried; he considers cavity preparation and manipulative techniques as being conventionalized, and he feels that improvement is practically impossible.

Most dentists, because the largest percentage of their practices consists of filling work, are qualified to handle all types of operative dentistry; but in many instances, if the cavity is too difficult or requires too much time, an extraction becomes the easy way out. Although I do not know what your membership totals, nor the percentage of attendance this morning, I am pleased to find so many who still feel the importance of growth in this most important phase of our profession.

As has been indicated, my specific topic is "Failures in Amalgam Restorations." Any attempt to cover the details of amalgam work within the scope of one short lecture period would prove futile. Therefore, I will limit my discussion to the areas of most common abuse and to the current trends toward making amalgams more effective.

I am thoroughly convinced that there is no phase of operative dentistry discussed more at meetings of this type than the common amalgam restoration. Statistics will also prove that there is no material used in dentistry as extensively as amalgam. Therefore, I find it rather difficult to talk about a subject which is so well known to the average practitioner either by listening to lectures or by actual usage in his practice. And yet, through my experience and through my observation at the University of Maryland Dental Clinic, I am thoroughly convinced that there is no material more difficult to manipulate successfully than amalgam. Generally speaking dentists consider foil gold and inlay gold as being the most difficult materials to manage. However, the many variables effected by the technic of manipulating amalgam, the things that we as dentists do that produce extensive changes in the finished restoration makes amalgam most difficult to use successfully.

Although the silver alloy restoration is used more extensively than any other filling material and even though we know that under controlled conditions its physical properties place it on a par with all metallic restorations and much superior to nonmetallic types (excluding perhaps the baked porcelain inlay), there is still a tendency to rate amalgam as inferior. This consideration results from several possible factors:

1. The economy of its usage. The comparative low cost, as well as the time required in its management, degrades this material in relation to gold foil and gold inlay.

2. A hang-over from the amalgam war of the 19th century when all ethical dentists or those of high standing were required to eliminate it from their practices.

3. The expression which became so common among dentists serving in the armed forces since the onset of the Second World War to the present, "I've been on the amalgam line." This immediately gives the impression that the dentist is not doing a glamorous type of dentistry; he is working with a material that can be manipulated quickly, conveniently, and one that does not require much effort on his part. Then, in many cases, where the results are extremely temporary, excuses are easily found.

4. In addition, we who are associated with the field of dental education are often guilty of saying to our students that a tooth is not worth restoring with foil or inlay, therefore we must use amalgam. As this thought projects itself into private practices, we find this material being thoroughly abused. Teeth are restored with amalgam where there is absolutely no indication for its usage. In these cases the restoration is completed with the hope that such an all-purpose filling material will give indefinite service. All of these factors give the false impression of inferiority; and as a result, the personal satisfaction from excellence in skill, the dentist's enthusiasm, and the patient's pride and appreciation are questionable.

It must be assumed that all amalgams are effective to a lesser or greater degree. In our clinic, there is an opportunity to observe, study, and evaluate literally thousands of amalgams annually. We see many extremely successful restorations as well as many failures. Our students are taught to analyze each faulty filling and try to determine the reason for failure and, by virtue of his findings, improve his technics.

We know that the so-called "permanent results" can be had, but only when the operator so sincerely believes in its value that he puts forth his greatest efforts to make a successful alloy restoration. There is no material that does more for maintaining the oral health of a patient than amalgam. Seventy per cent of all restorations made are from this material and even a much higher percentage of posterior restorations. But even though we are aware of its value and even though we use it most extensively, we are still confronted with many failures. It is the causative factors of these failures which I would like to stress today. The information I give is based upon a search of literature and my clinical observation. I have no shortcuts in technics to offer, but rather detailed accuracy in all of the procedures that are used.

The factors producing amalgam failures are normally threefold. First, the part that the manufacturer plays; secondly, the part that the patient plays; and thirdly, the part that you and I as dentists play in the durability of our restorations. As far as the manufacturer is concerned, there is a possibility that either through a poor preparation of the ingot of alloy prior to cutting it into filings, a faulty annealing process, the improper

aging of the particles, improper refining of the mercury, or an improper balance of the metals present, we have an inferior material, one that would fail in the hands of any dentist, regardless of how competent. However, we have at our disposal certain specifications adopted by the American Dental Association which serve as a basis for our selection of a suitable alloy. Certain requirements are set up by our Bureau of Standards; and in order to eliminate this as possible cause of failure, we must acquire the materials that meet our A.D.A. specifications. Often the patient will be uncooperative, either not permitting us to prepare an adequate cavity or in the lack of care for the restorations that we have inserted.

It is my opinion that too little emphasis is placed on the attention a patient gives to the maintenance of a completed restoration regardless of the type. A mechanic may restore the efficiency of faulty machinery, but without proper care, it will again become defective. A physician, with proper treatment, may restore the health of an individual, but in cases of carelessness and physical abuse, sickness may again prevail. A dentist may restore a defective tooth, but unless the patient employs adequate upkeep, the restoration will fail. Too often, however, a dentist is looking for excuses so that it becomes easy for him to assume that attitude of, "I have done the best I can under the circumstances of time, patient cooperation, etc." Therefore, if the amalgam fails, he is relieved of the responsibility. We cannot, as dentists, conveniently accept the uncooperative patient as a suitable reason why we insert inferior restorations, and yet we know that there are times when this plays an important role. The major fallacy with which we are primarily concerned is the part that the dentist plays; the things that you and I do that might cause an amalgam to fail.

Although many investigators give conflicting percentages as to the cause of failure, it would seem reasonably conservative to estimate that approximately 60 to 65 per cent result from inadequate cavity preparation, 30 to 35 per cent from careless manipulative technics, and the remaining 5 per cent to the combined manufacturer, assisting personnel, and patient.

In a recent survey, Dr. Robert P. Moss reports from a study of 1000 army personnel the frequency of amalgam failure.

Recurrent caries: .....	540
Faulty cavity preparation .....	528
Failure of material .....	12
Fracture: .....	355
Faulty cavity preparation .....	310
Traumatic occlusion .....	28
Faulty manipulation .....	17
Dimensional change: .....	51
Expansion .....	39
Contraction .....	12
Loss of anatomic contour .....	33
Pulp disturbance .....	21

From this report a very high percentage (83.8 per cent) of failures has been attributed to cavity preparation.

Let us look for a moment at those properties considered essential for the ideal filling material.

1. Excellence in cavity adaptation.
2. Resistance to the forces of wear.
3. Resistance to crushing forces.
4. Freedom from volumetric changes.
5. Insolubility in oral fluids.
6. Convenience of manipulation.
7. Harmony in color.
8. Capability of taking and retaining a polish.
9. Nonconductivity of thermal changes.
10. Tolerance to the soft tissues of the mouth.

Although various materials have become momentarily a panacea to the dental profession, the Utopian has yet to be made available. Each type of restoration satisfies the ideal qualification to a limited degree, and the extent of permanence will depend upon the relative importance attached to these various attributes. Amalgam rates highly in fulfilling the requirements mentioned. It is not foolproof, however, as there are certain deficiencies always present, and for which compensation must be made in our management. Among these are:

1. Lack of edge strength.
2. Sensitivity to volumetric accuracy (expansion in particular).
3. Constant presence of flow.
4. Ease of corroding.
5. Ease of pitting.
6. Fluctuation of crushing strength.

To make our amalgams most effective, there must be a constant guard against those technics which will increase the effect of the fallacies most often observed.

This morning I should like to show a series of slides which will demonstrate faulty amalgams; then, briefly review what the operator might have done to cause the failure.

One of the most common failures in amalgam restoration is manifested through recurrence of caries. As has been indicated in the report previously mentioned, faulty cavity preparation is responsible for the majority of these cases. This situation is noted in Class I lesions where the operator has made pit restorations and has failed to carry out the deeply fissured grooves found in the tooth's anatomical formation. All authorities on the subject of extension for prevention have indicated

that all fissures must be involved in order to expect the greatest success from the treatment of these lesions. It is not my purpose to condemn pit restorations, but rather to emphasize the importance of a careful selection of cases where pits can be employed. A dentist must evaluate the condition of the occlusal anatomy in order to determine whether grooves and fossae are well formed, in other words, with smooth rounded bottoms, or whether they are imperfectly formed with sharp lines and points between the enamel lobes, namely, fissures and pits. It is acceptable to leave the margins of a cavity in a well-formed groove or fossae where a smooth finish can be established to the restoration, but it is not an acceptable procedure to leave margins in imperfectly formed tooth structure because of the anticipation of the recurrence of decay.

Another common area of recurrent caries is found around the margins of a complex interproximal restoration. This once again is normally the result of insufficient cavity extension. We have been told by investigators that each tooth must be evaluated carefully in order to determine the amount of flare for all buccal and lingual margins into the embrasures. By studying those factors such as the oral hygiene, the clinging of food particles and plaques, the inclination of the teeth, the contact of the area in mastication, and so forth, we can determine what the most immune areas would be. Normally recurrent caries are found around the bucco-gingival and linguo-gingival areas of Class II restorations. Seldom do we notice further destruction of this nature in the region of the contact point. It must be concluded, then, that the flare of the margins into the embrasure should be greater in the gingival region than toward the occlusal. This provides a slight deviation from the typical Black preparation with which most of us are familiar. Dr. Black has recommended the preparation of proximal walls, namely, buccal and lingual, in such a manner that they are parallel with the axial plane of the tooth and perpendicular to the horizontal gingival wall. If this cavity outline is followed, the same extension into the embrasure would be the same for the entire length of the proximal walls.

In keeping with our observation of recurrent caries, a cavity outline adequate to protect the bucco- and linguo- gingival regions would include much sound and relatively immune tooth structure if the parallel proximal wall formation is followed. It has been concluded by recent investigators that a modified Black's cavity becomes suitable for amalgam. This modification provides a greater extension bucco- lingually in the gingival area than that found toward the occlusal. Such an outline form not only satisfies the recurrent caries factor, but also provides for a smaller area of amalgam to be subjected to this force; there is a greater possibility of eliminating other types of amalgam failures which will be discussed later.

In the treatment of Class V or gingival third carious lesions, there is a tendency on the part of dentists to be extremely conservative in making cavity extension. Once again it is important that we evaluate carefully the conditions of the mouth, the environmental surroundings of the individual tooth, to determine what the most immune areas would be for the placement of cavity margins, particularly the mesial and distal. Normally, the factors that would govern this selection would be the

patient's oral health, the caries susceptibility, the position of the soft tissue, the inclination of the teeth, and the contact areas in the mastication process. It is not unusual to see restorations that have been made in the center of the gingival third on the tooth mesio-distally with a line of decalcification spreading toward the mesial and distal. Although it may seem radical to many, the normal extension of cavities in this area when teeth are in the proper alignment and when the eruption process is completed would be to approach the mesial and distal angles of the tooth. It is only when we follow these simple rules of cavity extension that we can expect our amalgams to withstand the onset of recurrent caries.

It is interesting to note that as recorded in the survey mentioned previously, the frequency of violation of the fundamental principles of amalgam cavity preparation is as follows: no extension for prevention—700, and of this 700, 297 cases showed a lack of extension in the occlusal fissures and pits, 286 showed a lack of extension in the proximal flares into the embrasure, and 117 showed inadequate extension in gingival third cavities. There are many factors other than cavity extension which will produce recurrent caries. To mention them briefly we would include the improper finish of restorations. It is without doubt that the roughened surface of an unpolished amalgam will provide a place for food particles and debris to cling, producing a plaque that will encourage the formation of lactic acid followed by decalcification. It is recommended that for the best results, taking all factors into consideration, an amalgam shall be polished as soon after a twenty-four hour setting period as possible.

We do not anticipate recurrence of decay in a short period of time, but to protect the restoration against other fallacies which may prevail, an early polishing procedure must be followed. We can also anticipate recurrence of decay where the inadequate cavity toilet has been made. Too often when matrixes are placed around an interproximal cavity, small bits of debris or tissue may be trapped. Or, in many instances, there may be an incomplete removal of the accumulation of saliva, blood, and so forth, in this area, resulting in a destruction of the foreign substance, thus giving an inadequate marginal seal which will invariably cause recurrent caries. Anything that will disturb the marginal adaptation may be responsible for the destruction of what we would consider normally a good restoration. If the amalgam breaks away at the margin because of a lack of edge strength or if there are loose unsupported enamel rods which fall away, an avenue of entrance for foreign bodies is established and recurrence may be found. A careful preparation of the enamel wall of our cavity will eliminate this possible factor.

It is important to bear in mind that any of the fallacies we see in amalgam may eventually result in recurrence of caries so that there may be an overlapping in this discussion into areas where the failure is listed under a separate heading.

The second manifestation of defective restorations is deficient margins. It is not uncommon to see amalgams fail due to factors which produce a fracture along the margins. In most instances this condition

results from a cavity preparation where inadequate provisions are made to compensate for the lack of edge strength. It is well to bear in mind that bulk is imperative for gaining sufficient crushing resistance in amalgam. Too often the enamel wall of a cavity is prepared without any consideration to the strength of the material which will cover it.

The amount of material that breaks away may also be affected by the amount of stress that is applied against the restoration in mastication. Normally, we see these fractured margins occurring extensively in the region of the bucco- and linguo- occlusal areas of Class II restorations. The stress of the bite against the marginal ridge is such that fractures are easily made. This condition is best prevented by giving more consideration to the type of cavity prepared. As was mentioned previously, a modified Black's preparation with less occlusal width bucco-lingually will often provide decreased occlusal forces as well as increased bulk for the material.

The importance of this factor can best be determined by comparing sections made from restorations which have been inserted in two different cavities on the mesio-occlusal of upper first molars. One preparation is made with typical parallel axial walls in the axial plane of the tooth and perpendicular to the horizontal gingival and pulpal walls, and the other with axial walls converged occlusally and prepared at a slight acute angle with the gingival and pulpal walls. If the amalgam is carved to a comparable depth on the occlusal, we will be able to observe through cross-sections the increased bulk that will be provided, and consequently, an increased strength to the margins of the amalgam in one case over that of the other.

Two areas have been chosen to show the section and demonstrate the importance of bulk in avoiding defective restorations. A cut made from the center of the marginal ridge of amalgam through the top of the mesio-buccal cusps of the two types of cavities will show an increased bulk in the mesio-bucco-occlusal areas of the modified cavity. It is in this position where damage from fractured amalgam most often occurs. A similar section made through the restoration bucco-lingually from the center of the mesio-buccal to the mesio-lingual cusps will also show an increased bulk where the modified cavity has been used. Once again, it is in these areas where masticatory stresses are applied that we need increased bulk in order to compensate for the deficiency of edge strength.

A comparable situation arises in amalgam restorations where the flare into the embrasure has been made too abrupt. The direction of the proximal walls used for amalgam is often comparable to a slice preparation used for a gold inlay. Cavity preparation in this manner will produce failures in the amalgam restoration without doubt. It is agreed that the direction of the proximal flare should approach the direction of the enamel rods in that area, and in cavities with normal extension this will mean walls prepared approximately parallel with the diagonal plane across the tooth. If this principle is applied, the cavity can be extended radically around buccal and lingual surfaces and still provide sufficient bulk for edge strength.

Often our restorations are fractured at the margin resulting from conditions other than that of faulty cavity preparation. If, through our manipulative technics, we have created a reduced crushing strength, there is a constant danger of marginal damage. This reduced crushing strength is often a result of leaving a high mercury content within the amalgam. It is an established fact that the presence of excessive mercury within the restoration reduces the amount of crushing strength that we can get. The wetter the mix the weaker the restoration, and vice versa. Too often the time of manipulation of amalgam is such that the final phases of the condensation are completed by the use of a material that has a high mercury content. After mixing the amalgam, rolling it into an oblong mass, and dividing it into sections, crystallization may take place before the final section of the amalgam is used. It can be assumed that as much as two minutes of time might elapse during this period of condensation. Due to the time factor, it will be impossible to express as much mercury from the final section as that of the first and second. As a result, the part of the material having the highest mercury content will be used to restore the occlusal where the greatest strength is needed. Therefore, it is imperative that we provide a fresh mix of amalgam to complete the restoration if there is a possibility that the setting has begun.

We often see a deformation in the margin of amalgam restorations resulting from that property referred to as spheroiding. Spheroiding is manifested by a retraction of a wet mix of amalgam from the margins. Seldom is this found, however, if the proper pressures have been applied in condensation and if the correct consistency has been used. It is recommended that direct forces be applied in condensation to all small angular areas of the cavity.

It is possible that shrinkage may take place in the amalgam, but the number of cases in which this property manifests itself are rather few. A too rapid trituration with excessive pressure may create excessive heat which will over-anneal the alloy and produce shrinkage. Excessive condensing pressures may cause a comparable volumetric change. However, we know that when alloys are used that have been approved by our American Dental Association Bureau of Standards, the possibility of damage from shrinkage is very slight.

Another type of defective amalgam which we see so often is the restoration that seems to grow or mushroom out of the cavity. There are several factors responsible for this type of failure. Among the most important would be that of delayed expansion, a type of volumetric change which may continue for several months following insertion. It is only found in those cases where moisture comes in contact with an amalgam in which zinc is one of the constituents. A chemical reaction between the moisture and the zinc produces zinc oxide plus hydrogen gas. As the gas tries to escape there is a swelling of the restoration which may reach as much as 200 microns per centimeter of bulk of amalgam. This is adequate to be noticed by the naked eye and sufficient to cause unfavorable damage to the complete restoration. Such damage is manifested in loosened restorations, fractures, faulty margins, and postoperative pain.

In order to avoid this failure, it is recommended that procedures be employed that will eliminate any traces of moisture or foreign bodies. This is accomplished, first, by eliminating any contact between the amalgam and the hands or fingers in the mixing procedure. It is also important that we exclude the possibility of moisture coming in contact with the restoration while condensing. The most satisfactory way to completely remove the presence of moisture in condensation is through the application of a rubber dam. The use of the rubber dam is often frowned upon by the practicing dentists because of the time involved and because of patient reaction. Each of these factors are negligible if the dentist is willing and if he approaches the use of a rubber dam in the correct manner. The simplicity of making an adjustment can only be acquired when rubber dams are used regularly. When the operator takes the time to learn these adjustments, the convenience of working under dry conditions meets with highest approval. Very few patients will complain when they know that they are getting more for their money, and many will prefer the rubber dam over having their mouths blocked with cotton rolls.

There seems to be a tendency today for a more extensive use of rubber dams in dentistry. State Board Examiners as well as schools are requiring it as part of amalgam work. I recommend this procedure highly for the greatest success in amalgams and particularly where the expansion type of failure is concerned. Recently, nonzinc alloys have been placed upon the market. These are designed to be used in those cases where the elimination of moisture seems impossible. Zinc has a definite value as a scavenger in our alloys, and since excellent results can be gained where it is present, I would urge care in our technic to the elimination of moisture rather than depending upon a material on which moisture has little effect.

Other factors that may produce expansion over and above that accepted by the Bureau of Standards and give the appearance of an extruded amalgam are coarse particles of alloy, insufficient amalgamation, and the presence of excess mercury. The property of flow where the amalgam once again seems to grow out of the cavity is often the reason for insufficient restorations. Flow is a condition where the filling gives or moves under pressure. Although this property is always present in amalgams, careless technics by a dentist may cause increased amounts. The presence of excess mercury, the prolonged manipulation, and the contamination factor may increase the percentage of flow beyond that which is permitted by our Bureau of Standards.

Another fallacy often noticed in amalgams is that of porosity. Porosity may be demonstrated on the surface of restorations by small voids or pits. We may see a crater-like space on the surface of a restoration which is produced by the escape of the hydrogen gas that is formed when moisture comes in contact with zinc. The microscopic examination of a cross-section of these restorations will disclose the void areas throughout. Amalgams of this type will naturally be weak and fail under the stresses of mastication. Porosity may also be caused by an inadequate condensation, prolonged manipulation, and by an insufficient amalgamation where the particles of alloy are not completely coated with mercury.

Another factor giving evidence of a defective restoration is that of fracture. More often fractures are a result of faulty cavity preparation. This improper cavity preparation can normally be traced to the lack of bulk or to the lack of retention form. Fractures are most often found in Class II restorations and the line of breakage is normally at the connection between the occlusal and proximal portions of the restoration. Additional bulk can be created by beveling the axio-pulpal line angle of the cavity.

Additional retention can be gained by providing a bucco-axial and linguo-axial groove or acute angle. A slight groove or acute line angle on the gingival wall can also aid in the retention factor. As far as the manipulation of the material is concerned, a reduction in crushing strength of amalgam might produce fracture. Anything that would cause a porous restoration as has been noted above will introduce weakness, and where we have weakness, the possibility of fracture is greater. Reamalgamation of a partially crystallized mass or the addition of a little bit more mercury to prolong plasticity will decrease the crushing strength up to 80 or 90 per cent of the total.

It is also important to mention the quality of matrix adaption in connection with the crushing strength factor. Too much emphasis cannot be placed upon the need of having some type of matrix to replace missing walls of a cavity. This matrix, whether of the individual or universal mechanical type, must be closely adapted and wedged in order to resist heavy condensing forces. The strength of an amalgam is in direct proportion to the amount of pressure used in condensation. If during the placement the matrix should move and the partially crystallized material should be disturbed, a line of fracture might occur. Because slight recrystallization might take place, the fracture may not be noticed until after weeks or months of usage.

The final fallacy that we would like to consider is that of corrosion. Corrosion manifests itself on the surface in the form of a pitted, tarnished, or washed out restoration. There are many factors which cause corrosion. Among them would be the presence of dissimilar metal in the mouth. The tarnished effect is due to the current that is set up between the two dissimilar metals. We know, however, that it is often imperative to use more than one in the same mouth, and this becomes rather difficult to eliminate completely.

There may be other factors that will help explain this deficiency in our restoration. Unpolished amalgams or unpolished areas of the same restoration will provide a similar current, and cause tarnishing. The presence of unamalgamated particles of alloy such as might be found in a poorly ground-in mortar and pestle will cause increased corrosion. Insufficient amalgamation and insufficient condensation, as well as contamination, will increase the possibility of failure.

In addition to the failures we see normally, I think it might be wise to mention the importance of proper proportions of the alloy and mercury. Throughout my discussion I have stressed the effect of increased mercury on our failures. Therefore, a scale is advisable to give the proper proportion at all times. This scale may be of various types. The important thing is that each dentist use some means by which the manufacturer's

directions on ratio can be followed. Currently we are considering more the use of mechanical amalgamation and mechanical condensation. These instruments have a very definite advantage in successful amalgam work, but as far as the physical properties of the complete restoration are concerned, their effect is not too important. It has been shown that in the first hour following insertion crushing strength is definitely increased if the mechanical amalgamation and mechanical condensation is employed, but the required crushing strength can be gained with hand condensation. These instruments are particularly advantageous where multiple mixes are to be used and make it possible to have uniformity in all mixes.

In conclusion, I might say that I have not presented anything new in the technic of working with amalgam. I have only attempted to evaluate some of the phases of manipulation and cavity preparation that will produce certain failures. Through this, we have emphasized the common failures which are that of recurrent caries, shy margins, extruding amalgams, porosity, fracture, and corrosion.

Once again I will say that this information has been based primarily on clinical observation. I sincerely hope that I have impressed you with the necessity of care in every phase of amalgam work; and that when we utilize such care, we do have at our disposal a material that will satisfactorily restore teeth to normal contour and function.

The following chart summarizes amalgam failures.

## A CHART ON AMALGAM FAILURES

By Kenneth V. Randolph, D.D.S.

CONDITIONS	POSSIBLE CAUSES	AIDS IN PREVENTION
1. Recurrent caries	<ol style="list-style-type: none"> <li>Inadequate cavity outline</li> <li>Incomplete marginal seal</li> <li>Spheroiding (retraction of wet amalgam)</li> <li>Marginal breakdown of               <ol style="list-style-type: none"> <li>Restorative material</li> <li>Unsupported enamel</li> </ol> </li> <li>Improper finish—rough surface.</li> </ol>	<ol style="list-style-type: none"> <li>Extension for prevention</li> <li>Emphasis on marginal condensation</li> <li>Removal of free mercury</li> <li>a. Sufficient bulk of amalgam for edge strength b. Proper finish to enamel walls</li> <li>Polishing of all restorations soon after 24-hour setting.</li> </ol>
2. Shy margins	<ol style="list-style-type: none"> <li>Fractured margins</li> <li>Spheroiding</li> <li>Residue of saliva and cavity debris</li> <li>Shrinkage (seldom found)               <ol style="list-style-type: none"> <li>Over-annealing alloy</li> <li>Too heavy condensation (rarely occurs).</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>Proper bulk; heavy condensation for increased crushing strength</li> <li>Removal of free mercury</li> <li>Adequate cavity toilet</li> <li>Avoidance of heat in amalgamation resulting from too much pressure on pestle.</li> </ol>
3. Extruding amalgam	<ol style="list-style-type: none"> <li>Excessive expansion               <ol style="list-style-type: none"> <li>Moisture</li> <li>Coarse particles of alloy</li> <li>Insufficient amalgamation</li> <li>Excess mercury</li> </ol> </li> <li>Flow               <ol style="list-style-type: none"> <li>Excess mercury</li> <li>Prolonged manipulation</li> <li>Contamination</li> </ol> </li> <li>Improper finish of restoration.</li> </ol>	<ol style="list-style-type: none"> <li>a. Dry field of operation; non contaminated amalgam b. Use of accepted alloys c. Following manufacturers' directions for complete amalgamation d. Removal of all free mercury 2. a. Removal of all free mercury b. Use of multiple mixes for large restorations c. Adequate cavity isolation; use of thumbstall or piece of rubber dam for mulling 3. Removal of all excess by adequate polishing.</li> </ol>

CONDITIONS	POSSIBLE CAUSES	AIDS IN PREVENTION
4. Porosity	<ol style="list-style-type: none"> <li>1. Presence of moisture—liberation of hydrogen</li> <li>2. Inadequate condensation</li> <li>3. Insufficient amalgamation</li> <li>4. Prolonged manipulation</li> <li>5. Disturbance of crystallization.</li> </ol>	<ol style="list-style-type: none"> <li>1. Guarding against contamination by saliva or in handling amalgam</li> <li>2. Use of heavy pressures</li> <li>3. Following manufacturers' directions</li> <li>4. Use of multiple mixes</li> <li>5. Adequate matrix adjustment; careful carving.</li> </ol>
5. Fracture	<ol style="list-style-type: none"> <li>1. Cavity preparation resulting in               <ol style="list-style-type: none"> <li>a. Inadequate bulk of restorative material</li> <li>b. Inadequate retention and resistance</li> </ol> </li> <li>2. Insufficient compressive strength               <ol style="list-style-type: none"> <li>a. Porosity causing weakness</li> <li>b. Re-amalgamating</li> <li>c. Addition of mercury to partially crystallized amalgam in order to prolong working time.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Proper cavity depth</li> <li>2. Retention and resistance form to oppose forces of occlusion; selection of strategic areas for retention, determined by bite</li> <li>3. See Porosity (conditions)               <ol style="list-style-type: none"> <li>a. Avoidance of re-mulling to keep amalgam in workable state</li> <li>b. Mercury never added to amalgam after start of crystallization.</li> </ol> </li> </ol>
6. Corrosion	<ol style="list-style-type: none"> <li>1. Dissimilar metals (often unavoidable)</li> <li>2. Unpolished amalgams or unpolished areas of the restoration</li> <li>3. Un-amalgamated alloy</li> <li>4. Insufficient amalgamation and condensation</li> <li>5. Contamination.</li> </ol>	<ol style="list-style-type: none"> <li>1. Avoidance of contact with other metals when possible</li> <li>2. Polishing of all surfaces of every restoration</li> <li>3. Grinding in mortar and pestle for better contact between alloy and mercury</li> <li>4. Observance of manufacturers' directions for trituration; condensation with heavy pressure</li> <li>5. Isolation of cavity; minimizing manual contact with amalgam.</li> </ol>

PRESIDENT SHEFFIELD: Thank you, Dr. Randolph, for your splendid presentation. We feel sure that our Society has been greatly benefitted by your appearance here this morning.

It is my pleasure at this time to recognize Dr. P. Earle Williams, who will now speak to us.

(Dr. P. Earle Williams presented his Essay, "Every Day Oral Surgery.")

PRESIDENT SHEFFIELD: Thank you, Dr. Williams for your very masterful presentation. We feel that the North Carolina Dental Society has been greatly benefitted by your appearance on our program.

PRESIDENT SHEFFIELD: It is my pleasure, at this time, to recognize Dr. L. D. Pankey who will now speak to us.

Dr. Pankey.

DR. L. D. PANKEY: You know, it is kind of rough going, having to follow a fellow such as Dr. Williams. However, there is one thing I should like to say. Being on the program yesterday on "Practice Management," and today on "Investment" reminds me somewhat of the girl who was from the Midwest and was playing bridge with a woman from Boston. The gal from the Midwest was rather talkative and kind of plebian in many of her remarks. Finally, the girl from Boston said, "You know, we in Boston think that breeding is everything." The Chicago girl said. "We think it's a lot of fun, but we don't think it's everything." (*Laughter*)

Don't get the idea that just because I was talking on practice management yesterday and investments today, I think the economic side of practice is everything.

I should like to rehash some of the things I said yesterday, but I do not want to keep you that long, because you have had a pretty long morning. I shall just make up for the rest. We come to the part, today, of trying to conserve some of the substances for which we work so hard.

There is an article in the May issue of "Oral Hygiene," which quite a number of you boys have read, no doubt. The title is, "So You Want Social Security." The substance of it was that this sixty-five year old dentist was able to retire on \$100,000 investment resources. Here is what it said, however. "The sixty-five year old dentist retired from practice some time ago with \$100,000. He was able to do so because of a lifetime of faithful and devoted service to his patients, his industry, his business ability, and the death of an uncle who left him \$99,250." (*Laughter and applause.*)

I am afraid some of us are not going to have an uncle come around with 99 per cent of it, so perhaps we had better make provision for ourselves.

One of the things that prompted me to get up this little presentation was the fact that we are reading so much in the journals; this article is one of them. By the way, this boy received a \$100 prize for writing, "So you Want Social Security." He takes the American Dental Association and the House of Delegates to task for not subscribing to the Social

Security plan and having the dentist incorporated in it. As you know, the medical and dental professions, at least the House of Delegates of our respective bodies, have consistently refused to be included in any Social Security plan. When I go to the meetings and talk to some of these boys, very many of them are very bitter because the representatives take that attitude. They are bitter because they are not making provisions for their old age, and they want to be included under the Social Security Act.

It would be very interesting to have a show of hands of people who are interested in the Social Security Act in our own State Society, but in view of the fact that is not within my province to ask for such a vote, we will not do that. What I should like to say is that my own personal feeling is I do not believe we can reach out with one hand and ask for Social Security or for Socialism, which it is, and try to push it away with the other. I feel we should make our own social security, and I hope the day will never come when the dental profession is forced into having to go under the Social Security Act.

I think some of the things that happened in the last twenty years, which many of us would like to see undone, will never be undone. That is one of them. The Civil Service Act is another. I am consultant out at the Veterans' Hospital, and I feel like a coward and a traitor every time I come before a group to talk like this and then go out and draw my \$50 for half a day's loafing. When I first took this position I went out to see whether I could not do something. I have been there about eighteen months, and I find my resistance weakening every day. I think if I stay another six months I shall just give up. I see the abuse of the Civil Service Act. They have a lot of personnel directors at these big hospitals, and other government institutions, who would like to get rid of a lot of their personnel because they are inefficient, but they cannot discharge them because of the Civil Service Act. That is just another cog in the wheel of Socialism that has been brought about.

I am not going to take up any more time on that.

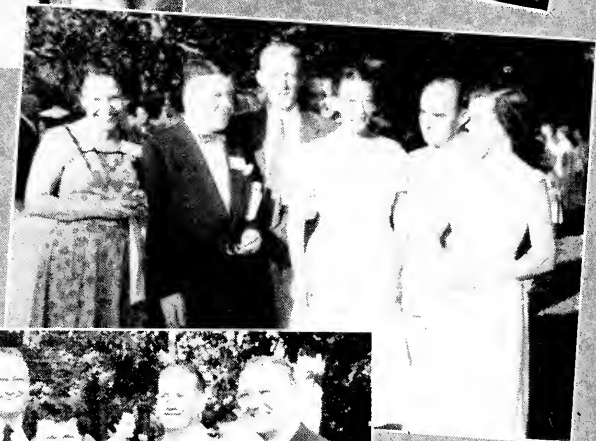
I come now to "Investments for Dentists."

(Dr. L. D. Pankey, D.D.S. presented his Essay, "Investments for Dentists.")

PRESIDENT SHEFFIELD: Thank you very much, Dr. Pankey, for that interesting and highly illuminating discussion.

The meeting is now adjourned.

*(The meeting was adjourned at twelve forty-five o'clock.)*



At the Garden Party given by the Dental Auxiliary for the members of the N. C. Dental Society and guests are: Top Left: Dr. and Mrs. Harry Lyons. Top Right: Auxiliary President Mrs. Sikes, Dr. Sikes, President Sheffield and Mrs. Sheffield. Center: Mrs. Bernard Walker, Dr. Walker, Dr. Coffey, Mrs. S. P. Gay, Dr. Gay and Mrs. Frank Atwater. Bottom: Drs. Gay, Pankey, Sheffield and Brauer surround Mrs. Brauer.

## ANNUAL BANQUET

TUESDAY EVENING, MAY, 18 1954

The Ninety-Eighth Anniversary Meeting Banquet of the North Carolina Dental Society convened at seven-ten o'clock, p.m., Dr. Paul Jones, Toastmaster.

TOASTMASTER JONES: Ladies and Gentlemen: Let us have your attention, please. Due to illness, Dr. Betts was called home, and in his stead, the Invocation will be pronounced by Dr. Earle Williams.

Dr. Williams!

DR. P. EARLE WILLIAMS: Will you please rise and bow your heads.

Our Dear Heavenly Father, we are grateful for health, for life, and for the privilege of being together.

May we always realize that all good things come from Thee, and may we know that it is better to fail in something that will ultimately succeed than it is to succeed in something that will ultimately fail.

Bless each home represented here. May their return to their loved ones be guided by Thee.

Thank Thee for the food and fellowship so abundantly present.

Forgive us our sins, guide us, and bless us, and watch over us for ever.

Amen.

*(Dinner was served.)*

TOASTMASTER JONES: We are certainly glad to have all of this group here with us for this banquet, and we hope you are going to have a good time. The Program Committee has arranged a wonderful program for you, and I am sure you will be well entertained during the evening.

It has been customary for a Toastmaster to have a lot to say, to tell a lot of jokes, and to do a lot of talking. However, we are going to change that method of procedure tonight. We are not going to tell any jokes. We are not going to do any talking. I presume the Program Committee has arranged for plenty of jokes on the program we have this evening, and I am sure the talking will be more entertaining and more interesting than that which I could present to you at this time.

I hope you will indulge us as we present our guests at the head table.

May I begin on my right and present to you first Mrs. H. O. Lineberger, Dr. and Mrs. Sam Bobbitt, Dr. and Mrs. C. C. Poindexter. Your President and his wife, Dr. and Mrs. Neal Sheffield. Dr. Robert Lee Humber, our guest speaker for the evening. Miss Lucy Smithwick and Dr. D. T. Smithwick, Dr. Z. L. Edwards, Dr. and Mrs. T. Edgar Sikes, Dr. and Mrs. P. Earle Williams, Dr. and Mrs. Bernard Walker, Dr. and Mrs. J. W. Branham, Dr. and Mrs. Ralph Coffey, Dr. and Mrs. Marvin Evans, Dr. and Mrs. Howard B. Higgins and your own Program Committee Chairman and his wife. Dr. and Mrs. Grady Ross.

TOASTMASTER JONES: Ladies and gentlemen: It is my pleasure at this time to present to you Mrs. Henry Lineberger of Raleigh, North Carolina, who will now take part in the program.

Mrs. Lineberger! *(Applause)*

MRS. HENRY O. LINEBERGER: Mr. Toastmaster, President Sheffield, Members of the North Carolina Dental Society and the North Carolina Dental Auxiliary: We of the Dental Auxiliary are most happy to be here tonight as your co-workers. During this past year we of the Auxiliary have been most fortunate in having as our leader one who has devoted her time, her energy, her thought, her love; everything that she could give, to the Auxiliary, she has given. Tonight it is our privilege to present her to you, and in behalf of her service this past year, we give her a small token in appreciation of her work.

Clio, this small gift does not begin to show the love we have for you, and we are looking forward to many more years of working with you. Just put this where every time you look at it, 365-plus members of the Auxiliary's love will glow in it.

Thank you so much. (*Applause*)

(*The gift was handed to Mrs. T. E. Sikes.*)

MRS. T. EDGAR SIKES: Thank you for these most gracious and kind words. I feel that my life has been enriched by the wonderful friends I have made throughout the state during my administration.

I thank you so much.

I think someone must have been listening through the keyhole at our Executive Board meeting to find out how terrible finances were getting with us, because today at our luncheon I was presented with an envelope by Dr. Paul Fitzgerald, and in it was a wonderful surprise—a check for \$200, and a very lovely note stating the appreciation for the fine work the Auxiliary has done this year for the North Carolina Dental Society. Surprises like these are wonderful, and in the name of the Auxiliary, I wish to say, "Thank you very much." And now I have a surprise for you.

In addition to the \$1430 that was presented to the Foundation Fund Sunday night, I have a check to present to Dr. Bumgardner for \$762 more. (*Applause*)

I thank you.

TOASTMASTER JONES: Thank you.

It is now my pleasure to present Dr. Sam Bobbitt of Raleigh.

Dr. Bobbitt.

DR. SAM L. BOBBITT: Mr. President, Ladies and Gentlemen: Tonight I am happy to have the privilege of presenting to you our honor guest of the year.

Born March 20, 1867, in Warren County, he was educated in private schools of that county, at Wake Forest College, and at Baltimore College of Dental Surgery. He was graduated from Baltimore College of Dental Surgery in 1890 at which time he began his practice of dentistry in Smithfield, North Carolina. After five years he moved to Louisburg, North Carolina, where he has practiced continuously for well over fifty years.

Much of his time has been given to the civic and cultural activities of his town, county, and state.

Among his many honors, he was historian for Franklin County, 1929; Vice-President of the North Carolina Literary and Historical Association, 1928; Vice-President of the National Society of the Sons of the American Revolution, South Atlantic District, 1930-1931; President of the North Carolina Folk Lore Society, 1934-36; Charter Member of the Franklin County Board of Health, of which he was made a life member in 1953; appointed by the late Governor Hoey as a member of the Board of Directors of the State Hospital at Raleigh; President of the North Carolina Society of County Historians, 1946; appointed a member of the Advisory Committee of the National Rivers and Harbors in 1951; a member of the Board of Trustees of the Fayetteville State Normal School, 1931; and he was appointed by Governor Bickett as Chief Dental Surgeon for the Penal Institutions of the State.

In 1899 he was the first dentist to go to the Thomasville Baptist Orphanage, working without pay, for the children there.

Quoting from an article published in the Thomasville Orphanage paper, "Charity and Children," published on April 16, 1953: "The Health of the children entrusted to the care of the Baptist Orphanage of North Carolina during the last fifty-odd years has been exceptionally good. From that eleventh day of November in 1885, (the day the first child entered the institution) until the present day, not a child has failed to receive proper medical attention. One of the major factors which has enabled the children of the Baptist Orphanage of North Carolina to enjoy good health is the fact that they have received proper dental care for more than half a century. How well we can remember the dentist who closed his office for a week and came to Mills Home to check and treat every child's teeth in the Institution. That beloved friend and dentist was none other than Dr. D. T. Smithwick of Louisburg."

In behalf of the North Carolina Dental Society, it is my pleasure to present this token of our esteem to our senior member and my kinsman, Dr. Daniel Turner Smithwick, our honor guest for the year, in recognition of his many years of faithful service.

Dr. Smithwick! *(The audience rose and applauded.)*

DR. D. T. SMITHWICK: Ladies and Gentlemen, my Friends: This is quite an honor. If I were to live 10,000 years I should be glad to live it just as I have, with you dentists, and share the privilege of serving my fellow man, and in the midst of suffering, bringing health, happiness, and joy to humanity.

I thank you for this privilege. *(Applause)*

TOASTMASTER JONES: Ladies and Gentlemen: It is my pleasure to present to you Dr. C. C. Poindexter.

Dr. Poindexter!

DR. C. C. POINDEXTER: Mr. Master of Ceremonies Paul, Ladies and Gentlemen: Neal, I can say to you that no one has ever taken on the Presidency of this organization with more sincerity of purpose and determination than you. This sincere purpose and enthusiasm prevailed throughout your year of administration; thus culminating in one of the finest of all fine North Carolina Meetings.

While you realized that the proper functioning of your committees would play a big part in the success of this meeting, and in spite of the innumerable problems of your personal office, you took to these committees a critical and inquiring mind that was motivated only by your desire to give the best to North Carolina dentistry. During the year, among other things, you aimed and did safeguard the dignity and ideas of the profession.

Long after you have forgotten the many tedious hours spent in preparation for this meeting, the membership will well remember your many accomplishments and from this grateful membership I am pleased to present to you this, the Past Presidents' emblem of the North Carolina Dental Society, to be sure you will prize this honor as you have always honored dentistry.

Good luck! (*Applause*)

PRESIDENT SHEFFIELD: Mr. Toastmaster, Dr. Poindexter, and Friends: Thank you very much for your most gracious remarks. Let me assure you that any accomplishments made in this administration are the result of the combined efforts of all the members of this great Society.

You have paid me a great honor in allowing me the opportunity for service to organized dentistry. As I leave the Official Family tomorrow my thoughts and efforts will be directed towards a better profession and a greater North Carolina Dental Society.

I accept this Past Presidents' Emblem with thanks and gratitude to each of you. As I wear this emblem it will be a constant reminder of your fine cooperation, loyalty, and understanding, and at the same time it will be a reminder of the debt that I owe my profession.

I thank you! (*Applause*)

TOASTMASTER JONES: Before the beginning of the other part of our program, there are perhaps guests not at the head table. Perhaps we have other guests whom we would like to recognize who are out in the audience. In order that no one may be omitted or left out, I should like to ask all of those who are not at the head table to rise now and take a little bow and be recognized. Will you all stand, please?

(*The audience rose.*)

TOASTMASTER JONES: Now we have had everybody having an opportunity to be recognized, even though some of you were too heavily laden to arise.

At this particular time, I think perhaps we should have some entertainment. I am going to ask Dr. Roger Sturdevant to take over at this point, and carry on, for a time, for us.

Dr. Sturdevant, are you ready? I see him raising his hand, so we shall hear from him.

DR. ROGER E. STURDEVANT: First of all, I should like to introduce this group to you. It is made up of dental students. Thirty-four members, out of our thirty-six, are North Carolina boys, and two of them are visitors from South Carolina. (*Applause*)

TOASTMASTER JONES: Thank you, Dr. Sturdevant, for this very fine entertainment.

Ladies and Gentlemen: it is my pleasure to present to you at this time Dr. Zeno L. Edwards.

Dr. Edwards!

DR. Z. L. EDWARDS: Mr. Toastmaster, Mr. President, Ladies and Gentlemen: I hope this short salutation will be considered as taking into consideration everyone. However, if there is any doubt in the minds of some people, such as two of my close friends, Paul Fitzgerald and W. T. Ralph, in case they are close enough to hear me, I want to assure them that they, too, are intended to be included in this salutation. Now, ladies and gentlemen, it is very discouraging to one who has spent some time in preparation of a speech of introduction in the hope it would do justice to the occasion, to have some of his closest friends come to him just prior to coming into the room and suggesting that the one who introduces the speaker should not attempt to make the speaker's speech. (*Laughter*) I am not so dumb as not to be able to take a hint. Therefore, I have laid aside a prepared speech of introduction. I desire to express the hope, however, that you will indulge me, while presenting the speaker, to give you a short review of some of his activities.

Our speaker of the evening was born and reared in Greenville, Pitt County, North Carolina, which is sometimes referred to as the world's foremost tobacco county.

He is a graduate of Wake Forest College, where he made an outstanding record, scholastically, as a student and a member of the varsity football team. He received both his bachelor's degree and his law degree from that school. He received his master's degree from Harvard University, following which he was awarded a Rhodes Scholarship to Oxford University, England. He completed his course at this institution. While at Oxford, during the term, or semester, whichever term may be used, he took advantage of the opportunity to travel over England and most of the Continent of Europe, on a bicycle. He lived with the people, studied their customs, their cultures, and their view of life. At Oxford he majored in international law and political science.

Having finished at Oxford, he located in Paris, France, where he practiced law, majoring in law of an international phase. After practicing there a number of years, where he married a fine French lady, he was compelled to leave just before Hitler's forces reached Paris. Incidentally, it would be very interesting, had he time to tell you something of his experiences in trying to get out of France.

It is my pleasure and privilege to introduce and to present to you Dr. Robert Lee Humber of Greenville, North Carolina. (*Applause*)

#### ADDRESS

#### "OUR CULTURAL INHERITANCE"

DR. ROBERT LEE HUMBER  
Greenville, North Carolina

Mr. Toastmaster, Mr. President, Dr. Edwards, Members of the North Carolina Dental Society, Members of the North Carolina Dental Auxiliary, and Guests of the Evening:

Let me, first of all, express my very deep appreciation to Dr. Edwards for his kind and very gracious remarks in presenting me to you, and also my personal appreciation of the very gracious hospitality that I have been recipient of during the last twenty-four hours in your midst. No one can stand in the presence of such an assembly as this is, representing the influential leadership of North Carolina, as you do, without feeling a deep sense of honor in being able to address you this evening.

When I came to Pinehurst, immediately after my arrival, I had the privilege of talking with one of your group who had just come in from the golf links. It made me think of the story of the young fellow who was just beginning his experience on the golf links. He had placed himself in good position with his club, and he was to tee off, when he missed the ball but hit an ant hill, knocking it into smithereens. Readjusting himself, he placed himself in position again and with one more swing, he thought he had succeeded, but again missed the ball and hit the other ant hill and knocked that into smithereens. Two of the little ants looked at one another. One of them remarked, "Say, if we want to survive, we had better get on the ball." (*Laughter and applause.*)

No one can feel, however, in this presence, and in your midst, that you are not on the ball.

This evening, it has been suggested that I speak to you on our heritage of culture, the thing you and I, for several centuries, have been particularly concerned with, because we have been summoned twice already in our lifetimes to defend this heritage. When one considers just the actual legend interest in defense of this great culture of ours, in terms of humanity and life, 17 million dead, 41 million wounded, 75 million displaced population, and then in terms of material treasure, the cost of World War II, one trillion 273 million dollars, with the War Department assuring us that it will exceed twice that figure before the entire cost is liquidated, one can realize that we are dealing with one of the greatest issues of our day. If I have permitted myself to respond to the suggestion that I speak to you on this subject, it is because today not only have we the knowledge that twice it has been the target of annihilation, but right now the clouds are unrelieved and the sky is raw and red.

Does it not behoove us, at this moment, to reappraise, perhaps, the great principles that undergird this culture of ours, their source? Whence did they spring? How have you and I become the beneficiaries of this civilization? We did not create it. We did not invent it. We inherited it, with an obligation to transmit it unimpaired and enriched to our children and to our children's children.

Judge Morley once said that every man of us has all the ages in him, and as we go back to the grass roots of our culture permitting us to reassess their vitality, their importance, and the cherished sentiments that we feel in regard to their preservation, let us go back to the early days of this culture of ours which we call Western civilization and attempt to understand these principles, how they have been refined down through the centuries, how they have been sent through the purifying processes in the attempt to give them a certain pristine excellence that you and I today can admire and cherish.

One principle, foremost and first of all, undergirds our Western culture. It is the spiritual legacy that we have. We go back to those days when morning was spreading across the globe, back to the hills of Judea, and there, from the prophets of old, Western culture derived the first spiritual baggage to take across the centuries. At that time there prevailed pantheons of deities all across the continents, but the prophets began to eliminate one deity after the other. Then emerged this sovereignty of Jehovah, and with this modified physical concept undergirding our spiritual heritage, there were successive prophets one after the other preaching the sovereignty of God, the Fatherhood of God, the brotherhood of man. They came down through the whole Judaic epoch, until the advent of the greatest character the world itself has ever known, and that character fulfilled the law.

He was born, as we know, in Bethlehem at a time when Augustus was emperor, in fact, a great epoch in which to be born. Horace himself had just retired to his farm. Livy was completing his 142 Books of the Roman History. Horace himself and his contemporaries, were feeling the power of the Augustinian Age.

He learned a trade as a carpenter and then he began to preach—preach an unprecedented gospel which was iconoclastic declaring that the Kingdom of Heaven was within men and that the motivating power of any civilization was love, rather unnatural, unfamiliar, to the ears of that epoch and not altogether acceptable to the generations afterwards. He preached vicarious atonement. He preached redemption through love. He preached salvation by repentance. With it all, there emerged a spiritual, powerful heritage for the human race. He preached the democracy of man. He was unafraid even for the iconoclastic tenets. He preached them unabashed. He was crucified.

He left 100 rather baffled minds, plain minds, plain men, but one among them was one of the greatest geniuses of the race, Paul of Tarsus. He began to organize the mystic teachings of Christ, with his energy, and with his dynamic power, he spread over the whole Mediterranean basin a full fledged religion. I have sometimes thought of what it would have meant to civilization, and particularly to our culture, if Paul had turned his eyes eastward instead of westward. Would you and I this evening be worshipping in druid temples?

With this baggage that our western man received, these great spiritual concepts with which he permeated his thought, the star of Western culture starts moving westward. It pauses in Greece, that little peninsula having as a center Athens, which in 100 years produced a galaxy of political thinkers who have left a great legacy for Western culture, making you and me, this evening, the beneficiaries of their intellectual achievements. If one could choose just one concept to express Greece, it would be the sovereignty of the intellect. As Aristotle said, "Knowledge is power." This thing, power, has undergone many variations during the centuries. The Jews were not interested in power, not in the sense the Greeks were. The Jews said there was power, but righteousness was power. That gave Nathan the Prophet the authority to impose himself on the presence of the King and say to David, "Thou are the man." The Greeks said, "Knowledge is power, and it will unlock the bowels of the earth if you can master knowledge."

Later the Romans said military power is power; that is power. In the Middle Ages it was said ecclesiastical preferment was power. In the nineteenth century in this country we said professional eminence gave power. In the twentieth century it seems, more and more, that the center of gravity in determining power has shifted to wealth; wealth is power. We should not exaggerate that too far. The nation of wealth assumes power, accompanied by its responsibilities.

However, the Greeks said, "Knowledge is power," and so, in a manner unprecedented, they gave to the world a new concept of knowledge. They gave it a new method of thinking. They organized implements with which to analyze problems. They gave us the syllogism. They simply gave us tools; out of this chest that they formulated, they gave us the tools with which we could carve out of virgin granite great concepts and principles for ages afterwards.

Yes, they gave us names that we can pronounce tonight: Socrates, Plato, Aristotle, then Sophocles and the great dramatists. But in another field they were magnificent—in the field of art. They gave us the canons of art that have been unexcelled, have been the despair of artists afterwards to emulate, even at this hour. The Parthenon is the gem which this earth most proudly wears.

Not only in philosophy, in the drama, in literature, did the Greeks excel, but in their concept of education. As Plato said, "Education is not cramming the vessel, but it is just turning the vessel toward the light." When the rulers of Greek cities said, "Only the free should be educated," the masses of Greek citizens replied, "Only the educated are free." Thus, freedom permeated the whole Greek structure. It gave to their civilization an intellectual altitude that today is iridescent with this splendor.

Thus, this thing, Western Culture, gets started on its trek across the centuries—a spiritual baggage which is today just as vital as it was then, a great intellectual accent with new visions of splendor from Greece.

The star pauses in Rome. What did Rome give you and me this evening that has never been equalled by any other country? It lies in one field, in the field of jurisprudence, in the field of law. The Romans realized that the Greeks had become affluent, had become wealthy, had become intellectually powerful, but they were never able to stabilize their society, and as a consequence, disintegrated under the impact of local anarchy. The Roman said, "In order to preserve civilization there must be order," and the foundation of order they pronounced to be law, *Jus*, as they called it, equity, justice, impartial administration of jurisprudence. Thus, all the way from Caledonia to the banks of the Nile Roman justice was endorsed.

The Romans developed this concept of law in a way that is impressive even today: the relationship between parents and children; the relationship to strangers within their gates; to slaves. It covered commerce and trade. It covered every aspect of human society. They then created an entirely new concept of law—natural law. A man had rights just because he was born, even though he were not a Roman citizen. With that great concept of natural rights have come down to us many concepts that

our forefathers at the time of the American Revolution mobilized in defense of American objectives.

Then the Romans, with their exercise of authority through law, established peace, the Pax Romana, which extended to the very rims of outer darkness. By the authority of law, justice and order and peace were guaranteed.

Civilization, Western culture, is not doing so badly accumulating as these centuries pass, certain baggage that will be useful in years afterwards.

However, Rome fell. The barbarians plundered it to the core. The Dark Ages descended and even contereited men's dreams. However, out of this emerged another epoch. It was when man reassembled, as it were, his own attributes, capacities for achievements, and vitalized these attributes with determination to implement his God-given gifts. The Dark Ages were over, the Middle Ages came—and let us not, in attempting to evaluate our heritage, minimize the great contributions that have come to us from the Middle Ages, and let us not confuse the Middle Ages with the Dark Ages. There are many people who believe the greatest century man has ever known, even to this hour, is the thirteenth century. Think of what 100 years did for mankind. It not only fought the Crusades, the first great experiment in international cooperation which released Europe and exposed it to some of the greatest classical achievements of the past that had been locked in old vaults, as it were, in foreign countries, but that century, under the impact of attempting to discover the freedom of man intellectually, founded universities.

You and I have been to universities and colleges. Where did we get the concept? The thirteenth century. They then organized the university into faculties of theology and law, humanities and medicine. They had the concept of what you and I apply today. They established public libraries around the monasteries. They established hospitals in the thirteenth century—the first evidence we have ever had of them. They built cathedrals, that great structure with its towers that pierced the skyline in quest of the ever vaulting truth, Gothic cathedrals, growing, vaulting, their stained glass matchless in its splendor, the soul of man trying to seek something of grandeur and pictorially fling it into glass for ages afterwards to admire.

Not only did the Middle Ages give us the university, these institutions, but they went right down into the very core of human society today. They invented parliaments. The first parliament was called in the thirteenth century, organizing even the House of Commons, the public, to assume political responsibility. Don't forget that even the Magna Charta is a child of the Middle Ages. They organized the institution of trial by jury. They gave us these fundamental concepts which for seven centuries have been coming down to you and to me.

Do not think they were achieved without great consecration to these objectives.

Not only in these fields did our ancestors of that epoch, in building this Western culture, excel. They also went into literature and gave us Dante, and gave us Petrarch. They began to exercise the imagination of men in order that they could have memories to recall in after years of the mastery of the human intellect.

Then, preparing for a great outburst of human energy, the Middle Ages gave us exploration and discovery. It sent Columbus across the unfathomed depths of the sea to discover a new world and reveal it to the inspired sailor. It gave us a sense of spaciousness in which to live, in which the mind could grow.

These Middle Ages ushered in one of the greatest epochs that Western culture has ever known. Still conserving these assets that Palestine gave us, that Greece gave us, that Rome gave us, and that the Middle Ages gave us, the Renaissance said, "Man is the measure of all things. He can accomplish anything if he has faith enough in himself." Thus, the canons of art, in the Renaissance, they achieved a splendor not equalled since. It gave us names that if pronounced, such as Leonardo and Michelangelo and Raphael, and others, sound like a *Te Deum* to a cathedral choir. These great men, these great titan minds, these souls who attempted, as it were, to rise above their fellows and become a little lower than the angels, these men gave us these visions of beauty during the Italian Renaissance that you and I today admire, appreciate, and are grateful for.

After that epoch we find Western culture, as a consequence of the accent of the Middle Ages, dividing the continent into nations, creating nation states. We find Western culture "habitating" a while here, a while yonder, in reaching the zenith of its energies. Thus, moving across the Alps to Germany we find that Western culture found in Germany something no other country has ever contributed in such a measure—music. What nations on earth can claim such names as Mozart, Bach, Beethoven, and others whom we could mention? Great names. Names of people whose lips must have been touched by, at least, the spark from the orchestra of the altars of Heaven, because their music not only penetrates the spheres, but they were able to hear the voices of the angel choirs themselves. Germany and music—how deeply indebted is Western culture for that contribution!

Now, across the Channel, what did our forebears in Great Britain give us that Palestine, Greece, Rome, the Middle Ages, the Renaissance, and Germany did not do? England carved out of virgin granite some concrete achievements in one field unequalled in the history of mankind: political institutions. It is from England that we derive the bicameral system of parliament, the upper and lower chambers. France had three chambers, Spain had one. When it came to be our time, our fathers, looking back, said, "Those two chambers worked well in England, we'll appropriate them here." England was the mother of parliament. It was England that began the great jury system, the two-party system. France, today, has thirteen parties, but England gave us two parties. We appropriated it. Western culture said, "It works well and it is good." It gave us the habeas corpus, that incident which prevents a truck from coming to this hotel tonight and taking us all to concentration camp. It is the barrier which freedom places for the protection of every one of its sons and daughters.

Thus, the political institutions of England have enriched civilization, Western culture, beyond compare, melting and blending its contributions with other nations'.

Now, to go back across the Channel, what about France? What has it done that no other country has ever equalled? France has had musicians, yes. It has had some great statemen, yes. It has had some great painters, yes. But what did France do that no other country has ever done? France has provided a cement to coordinate and coalesce all of of this together. It blended Western culture. It gave it a certain unity and solidarity. It contributed to it a sense and purpose in living. They called it "savoir vivre," the art of living. Nowhere on earth, I believe even to this hour, can one find conversation practiced in such a manner as one finds in the salons of Paris, where the refinements have been manifested through the centuries, and where social etiquette is just a natural experience of the race.

They began to refine the manners of the people in a way that was practical. They said, "Here is a castle. It is going to be a home from now on. This castle must become a chateau. It must be a place of habitation." Thus, they transformed the fortress into a dwelling. Inside this home they would like walls. They said, "On these panels let us put tapestries, decorate them. Now, at the table there must be porcelain. There must be beautiful silverware. There must be the lace work that gives dignity and refinement to an interior." It was interior decoration itself.

As they addressed their thoughts to how civilization could be implemented in a gracious way, for gracious living, they said, "Better than half of the human race is woman, and we must decorate her, we must embellish her and give her the refinements that a Western culture, a civilization, is entitled to." If we paraphrase Pope's great pronouncement, which represents the Anglo-Saxon accent, that the proper study of mankind is man, in the French terminology we would say—and I am sure the Frenchman would agree—that the proper study of mankind is woman. He is interested in making her as beautiful, as attractive, as is possible. Thus, out of this "savoir vivre" emerged a certain overall picture with a critical appraisal of all of these contributions that come down.

Therefore, this evening, as we pause to appraise the background of this culture which you and I have, which you and I have already attempted, in some way or another, to defend and to preserve, the thought emerges at once, "What will be America's contribution to Western culture, to this heritage of the ages?" We have already become, as it were, the custodian of Western culture. By the flight of circumstances unsolicited by us, we have been made the most powerful member of this group of Western culture nations.

I realize that many advances have been made in our country of great contributions to Western culture, by the leaders of our society. It is by inventive genius that our country has raised the standards of living of the masses high up in the structure of the pyramid toward the apex. The average man today, in our land, lives better than even the highest classes in many lands. That itself is a great contribution which we have made through the advent of science and industrializing society.

However, there is one task. It is an unfinished task that I believe our country will do for Western culture, and when that chapter is written in the annals of mankind, it will be unexcelled in splendor, in the match-

less service it will render to mankind. As custodians of Western culture today we are its greatest defenders. Therefore, may I just suggest, first on a national level, what is it that summons us to the fore today, to preserve this heritage and maintain it intact, to conserve its integrity, intellectually, spiritually, politically, artistically, socially, and not compromise with its survival? Seven centuries of martyrdom, of struggle, and achievement have already been placed on American altars for their preservation. I believe the greatest task this nation is summoned to perform is to work some formula out whereby peace can be established on this globe, a peace like the Pax Romana that can paralyze the criminal aspirations of gangster nations in our world community.

I ask you, can that be done? I look back upon the dreams of man, the prophets of old, those great spiritual leaders of the human race, the great evangelists that taught us the gospels of freedom, intellectually, politically, and others. They say this can be done. Read their works, and they will consolidate your conviction that it is possible. Think too, of the millions of human beings, in our lifetime who have been desolated, dominated, and crucified by steel. They say it can be done. I say to you this evening that the very achievements of our fathers, the heritage of mankind, the fiats of destiny beckoning to us, they say it must be done or this heritage of freedom cannot survive in a state of anarchy. Civilization and wars are incompatible. Wars have become such carnivals of insanity that they now threaten the very survival of the principles we cherish and have inherited.

It was just last Saturday evening, returning from Quincy, Illinois, to Chicago by plane, that I was discussing this very question with the Chairman of the Atomic Commission of Chicago. He said to me, "We atomic scientists have tried to awaken the American people to the potentialities that are confronting them, but I think we have failed. They don't respond. We pay our way to conventions. We go here and yonder; we write. But somehow, it seems to us it does not register." He said, "You know, the A Bomb that dropped on Hiroshima was the equivalent of about 2000 tons of TNT. Do you realize that the H Bomb we dropped in March of this year represents 19 million tons of TNT, and we are in the process of magnifying that forty-two times!" He said, "At this hour if a hydrogen bomb were dropped, it would actually produce physical destruction over an area of 400 square miles."

Somehow, this heritage of culture, this Western civilization, now the target of annihilation, demands again, and challenges again, the exercise of the genius of our race for its conservation. I believe, somehow, that America has come to the kingdom for such an hour as this.

Some time ago, in conference with the President of the French Republic, Vincent Auriol, he said to me, "Western culture in Europe cannot stand a third world war. Even the remnants, the vestiges, that today survive, would perish. Only one country on earth can lead Western culture nations to the solution of their problem. It is the great republic of the west. It is your nation. And I hope not only its political leadership, but its masses of people, realize the historic responsibility they have."

Thus, on a national level, I should say the greatest contribution America can make to our great cultural heritage is to conserve it, then

enrich it with all of these great, magnificent facilities that we have been able to invent, and which we are able now to contribute.

As I said to this atomic scientist, "If we mobilize atomic energy industrially today, what could actually be accomplished?" Taking a pencil and doing a few figures, he said this: "Atomic energy, at this moment, if it were mobilized industrially, even with the limited amount of elements, costing approximately only \$200,000, could actually fabricate a power transmuted into electrical energy that would equal 25 billion kilowatt hours of energy. The consumption in America of electrical energy is not 25 billion a month."

I said, "How far could that be transmitted?"

He said, "From 100 to 1500 miles."

I said, "It is then possible to build, in the center of this country, a great plant to generate atomic energy and transmute it into electrical energy that could supply the entire nation?"

He said, "The day will come when you will be able to foresee it."

We are living in an age where every decision has a repercussion that comes down through the ages. May we not default at the bar of history and be recreant to the responsibilities of this hour to conserve this heritage! May I pause, just a moment, in my concluding remarks, to North Carolina?

What can we do to enrich the spiritual and intellectual patrimony of the race? May I suggest to you just this one field that is right now coming to the fore? We have not excelled in it. We have not attempted to explore it. However, somehow I feel our state at this hour is just at the juncture of a resurgence of our energies, our intellectual capacities, accompanied by visions of the possibilities of achievement, confidence in our leadership, confidence in ourselves, in our sense of mission.

This is one phase, and there are many, but time does not permit me to allude to the others. I just want to mention that North Carolina will soon have a center of art, the outstanding center of art in our Southland. It will be opened, probably, before the end of this year in Raleigh. That gallery will hold many of the priceless artistic achievements of mankind. Eight great schools of painting will be represented there. Some of the best examples of some of the greatest artists will be there.

We accept these great legacies from the past, as custodians. We do not own them in fee simple at this time. They are there for the inspiration of our children, so that out from our own open spaces where the camelia and the azalea grow, these open spaces that are scented with the aroma of tobacco and with the fragrance of the magnolia, out from these open spaces can emerge the leadership, cultural, artistic, not merely of the state, not merely of this nation, but of our generation. Our children can have their lips touched by some of this fire-bit orb of Heaven and compose music like Handel, set beauty on canvas like Raphael, Leonardo, Titian and Bellini; they, too, can have their dreams of beauty, fade into immortality, if North Carolina meets the issue. It is the challenge of the ages to the generations of our day.

Thus, with this confidence in our future, with this gratitude to the past, we accept the responsibilities, matured and humbled by the

magnitude of the assignment, but confident that in the providence of God, it can, it must, and it will, reach fulfillment.

I thank you. (*Prolonged applause.*)

TOASTMASTER JONES: Thank you, Dr. Humber, for that very scholarly and educational address.

Ladies and Gentlemen: That concludes our program. I am requested to announce that the dance will begin right away, down in the Main Ballroom.

(*The meeting was adjourned at nine-thirty o'clock.*)



Drs. Coffey, Sheffield and Evans pause during the busy meeting to examine the Dairy Council's exhibit and literature.

## GENERAL SESSION

WEDNESDAY MORNING, MAY 19, 1954

The meeting was resumed at nine-twenty o'clock, President Sheffield presiding.

PRESIDENT SHEFFIELD: Will the final session of the North Carolina Dental Society please come to order?

This morning we are very fortunate to have one of our own men as our speaker. This man, as you know, from our experience last night, is a versatile man. If you want to see one of the most beautiful inlays, he can produce it; and as he proved last night, if you want a choral group that is reaching right out to perfection, this man has done it. Thus, I should like, at this time (and I want to apologize that there are not more folks here) to present Dr. R. E. Sturdevant of the Dental School of the University of North Carolina. (*Applause*)

DR. ROGER E. STURDEVANT: Thank you, Doctor. To start with, I shall tell you I am going to read just a very, very short paper, as a kind of introduction. I shall then proceed with some slides and work on the blackboard. In the next thirty minutes—if you want to get started with the business session on time, which I know you do—we are going to try to crowd in what I would call a preface or a preliminary to the offering of the course at the School of Dentistry at Chapel Hill, which will involve all the details of the things I shall discuss this morning.

(Dr. Roger E. Sturdevant, Chapel Hill, presented his Essay, "Practical Consideration of Basic Fundamentals Associated with Gold Casting Problems.")

DR. ROGER E. STURDEVANT: We, at the University of North Carolina, have dedicated ourselves to keep ever on the alert in working with the problems that are your problems. If they are not the problems of the general practitioner, they are not our problems, for the simple reason that one day when we graduate those boys they will have to go out in the world, they will have to fit in, and they will have to work shoulder to shoulder with you in practice.

In order to bring about one of the best relationships that I know in the State of North Carolina, I shall say this: we are working on refresher courses. Get this: they are not extended, long courses, in which, if you want to know this, if you want to find out what we have learned about gold castings and about the making of a practical acceptable casting we would ask you to set aside a long period of time out of your practice and come down and take formal courses in which we would only concentrate on it a part of the day, and you would have to stay at Chapel Hill for a long period of time to get, perhaps, the meat that comes between the layers of the bun for the sandwich. What we are trying to do is to cut out all of the bread and try to work the meat out so that we can make it more interesting for the general practitioner.

In order to do that, this summer, to start with, we are offering a course in which all of this can be unveiled and can be yours. We welcome you to take advantage of the situation. Come to our School and take this course, because we are offering it in three days. If need be, in order to facilitate your position in your practice so that you do not take out

so much time, we are willing to give you night work. We shall tie up the lectures, the laboratory, and the practical application on human beings in such a way that while one man is giving the lecture another man is demonstrating to a small group. We shall keep the show moving so that everybody can go home saying he has really profited from the visit.

We had first thought of having it on consecutive Saturdays, because we know you have problems in your practices and you do not like the idea of closing to take your formal courses, as such. However, we also figured this: if we took it in consecutive Saturdays there would be such an intervening time between each Saturday we would lose the interest and the full benefits of the program. I say this for the Operative Department, and believe me, I am sure it goes for all the departments there: we are trying to work out a program whereby the general practitioners in the State of North Carolina will never say to us, "Why don't you offer the general practitioner in the state something that would move him along in the general pattern or give him a chance to move along?"

We coach our seniors very carefully on this point: we do not want them to move out and be shoulder to shoulder with their fellow practitioners they are going to have to be with and say, "We have something you haven't got." We caution them closely. We caution them never to use that statement. What we want to do is to have everybody in a position where he can come and take anything he wants which we have at the University.

Finally, one day, and I hope I live long enough to see this thing perfected, the general practitioners, from wherever they were graduated, it does not make any difference, will be able to come down here in order to make unanimity in the dental practice of the state of North Carolina. Let us break down this barrier—because you were graduated in the 1920's, you are a certain type; if you were graduated in the 1930's, you are a certain type, and so on. Let us break that up. We are all brothers under the skin in dentistry.

Please note that the invitation is out from us to give you anything you want down there. If we do not have it in a printed, formal program, we certainly should appreciate your telling us. Especially, speaking as head of the Operative Department, I should appreciate it immensely if you would kindly write me a letter and say, "Doctor, could you arrange a course in so and so, whatever it is." Believe me, it will never go unanswered.

Thank you very much. (*Applause*)

PRESIDENT SHEFFIELD: Thank you, Dr. Sturdevant, for this very practical and down-to-earth presentation you have given us this morning. I am sure you have given us something we can take home and use in our offices.

At this time, is there anything that should come before this General Session? (*No response.*) We shall have another General Session following the House of Delegates. If there is nothing to come before this session, I declare this General Session adjourned. The House of Delegates will meet immediately.

*(The meeting was adjourned at ten-fifteen o'clock.)*

## HOUSE OF DELEGATES

WEDNESDAY MORNING, MAY 19, 1954

The meeting was resumed at ten-twenty o'clock, President Sheffield presiding.

PRESIDENT SHEFFIELD: I will ask Dr. Ralph Coffey, Secretary-Treasurer, to call the roll.

SECRETARY COFFEY: I shall now call the roll.

(The following members were present:)

*Officers:*

Neal Sheffield  
B. N. Walker  
Wade Breeland  
Ralph Coffey

*Executive Committee:*

C. C. Poindexter  
I. R. Self  
Paul Fitzgerald, Sr.

*Ethics Committee:*

R. H. Chamblee  
A. W. Bottoms  
Clyde Minges  
J. A. McClung  
Paul Fitzgerald, Jr.

*State Board of Examiners:*

F. O. Alford  
E. M. Medlin

*First District*

Pearce Roberts  
S. H. Isenhower  
C. C. Diercks  
Ralph Falls  
W. T. McFall

*Second District:*

Milo Hoffman  
Riley E. Spoon  
Don Kiser  
Burke Fox  
O. W. Owen

*Third District:*

George F. Kirkland, Jr.  
W. T. Burns  
Frank Atwater  
M. L. Cherry

*Fourth District:*

S. B. Towler  
Howard Branch  
Walter Finch  
J. W. Branham  
Alex Pearson

*Fifth District:*

Guy Pigford  
M. M. Lilley  
Horace K. Thompson  
R. A. Daniel, Jr.  
B. R. Morrison

PRESIDENT SHEFFIELD: I now declare a quorum present in the House of Delegates, and I shall call the third and final session of the House of Delegates of the North Carolina Dental Society to order. This session is open for the receiving of reports and any other business that should come before this Society.

DR. NORMAN F. ROSS: I should like to present the report of the Golf Committee. Sir.

### REPORT OF THE GOLF COMMITTEE

The Golf Tournament was played Sunday afternoon, May 16, with 108 contestants competing for the prizes.

The dental supply houses and the laboratories supported us fully and their cooperation is much appreciated. Twenty prizes were awarded on a Callaway System.

The following firms donated prizes:

Thompson Dental Company	trophy
Woodward Prosthetic Company	trophy
Deese Dental Laboratory	trophy
Keener Dental Supply Company	trophy
Powers and Anderson Dental Company	clock
Charlotte Laboratory	thermos containers and 6 golf balls
Raleigh Dental Laboratory	12 golf balls
Eure Dental Laboratory	12 golf balls
Fleming Dental Laboratory	12 golf balls
Carolina Dental Supply Company	check
Harris Dental Company	silver dish
Greensboro Laboratory	golf balls
Walker-Sizer Supply Company	counter

Norman F. Ross, *Chairman*

PRESIDENT SHEFFIELD: Thank you very much.  
What will you do with this report?

DR. WADE H. BREELAND: I move it be accepted.

DR. C. C. DIERCKS: I second the motion.  
(*The motion was put to a vote and was carried.*)

PRESIDENT SHEFFIELD: The report is received.

DR. H. ROYSTER CHAMBLEE: I should like to submit the Report of the Arrangements Committee by title, if that is all right.

DR. SAM W. TOWLER: I move to accept it.

DR. RALPH W. FALLS: I second the motion.  
(*The motion was put to a vote and was carried.*)

### REPORT OF THE ARRANGEMENTS COMMITTEE

The Arrangements Committee Chairman has attended all planning committee meetings.

It has been the desire of the Committee to help coordinate the

committees whose responsibility was to arrange the 1954 State Dental Program and to attend to any special needs arising during the Convention.

H. Royster Chamblee, *Chairman*

SECRETARY COFFEY: Mr. President, I have the reports of the Relief Committee and the Military Affairs Committee. I move they be received by title.

*(The motion was seconded, put to a vote and was carried.)*

PRESIDENT SHEFFIELD: The reports are received.

### REPORT OF THE RELIEF COMMITTEE

The Relief Committee met at the Carolina in Pinehurst February 14, 1954.

At this meeting also was Mrs. T. E. Sikes, President of the Ladies Auxiliary, and Mrs. William M. Ditto, Chairman of the Scrap Alloy Drive. Plans were made for the collection of scrap alloy. The members of the Relief Committee agreed to write letters to all the membership, and the Auxiliary planned for the collection of the scrap. The ladies collected and sold scrap in the amount of \$1673.04, for which they are due our thanks and commendation.

At the present, we have four members receiving aid from the fund.

The Committee wishes to thank each and every member for his or her contribution to the Relief Fund.

J. H. Guion (Interim)

Paul Fitzgerald, *Chairman*

### REPORT OF THE MILITARY AFFAIRS COMMITTEE

Your Committee has been in constant touch with the Chairman of the A.D.A. Federal Dental Service. Changes that have been made that affect the members of the Society are published monthly in the News Letter of the A.D.A. New laws and changes in the government policy have been studied and at the present time meet the approval of the Society.

C. D. Eatman, *Chairman*

PRESIDENT SHEFFIELD: Are there any other reports?

DR. D. L. PRIDGEN: Your Committee on the President's Address wishes to present its report.

### REPORT OF THE COMMITTEE ON THE PRESIDENT'S ADDRESS

Your Committee wishes to commend the President on his very able address, and to congratulate him on the notable achievements of his administration. It depicts the many and varied activities of the Society, and reflects the many hours of thought and planning which went into the crowning of his year of stewardship with success.

Your Committee has given careful consideration to his recommendations. We heartily approve all of them, and recommend their adoption, provided that the implementation of none shall violate Article XIII of the By-Laws.

That reference is to the incurring of debts greater than the current annual income of the Society.

D. L. Pridgen, *Chairman*

Mr. President, I move the adoption of this Report.

DR. H. ROYSTER CHAMBLEE: I second it.

*(The motion was put to a vote and was carried.)*

DR. D. L. PRIDGEN: I have the Report of the Resolutions Committee. Two resolutions have been submitted by the Caries Committee.

### REPORT OF THE RESOLUTIONS COMMITTEE

Resolutions submitted by the Caries Committee:

1. It is resolved that the North Carolina Dental Society through its representation in the American Dental Association voice protests against the false claims of commercial advertisers on radio, television, and other advertising mediums as regards caries—prevention remedies—and refer the matter to the proper channels.

2. It is resolved that the North Carolina Dental Society through its representation in the American Dental Association recommend the establishment of a Dental Caries Foundation with the purpose of promoting basic research in this field of dental pathology.

The Resolution Committee recommends adoption of these two resolutions.

D. L. Pridgen, *Chairman*

*(The motion was seconded, put to a vote and was carried.)*

PRESIDENT SHEFFIELD: The report is adopted.

DR. D. L. PRIDGEN: Mr. President, I have another resolution which is presented by the Resolutions Committee.

Resolved, that the President of this Society be required to submit to the Committee on the President's Address and to all members of the House of Delegates, at least thirty days prior to the Annual Meeting all recommendations which will be presented in the President's Address.

I move the adoption of the report.

PRESIDENT SHEFFIELD: Do I hear a second?

DR. FRANK O. ALFORD: I second it.

*(The motion was put to a vote and was carried.)*

PRESIDENT SHEFFIELD: I want to commend you on that resolution. I think that is fine, and I am very happy you presented it.

DR. D. L. PRIDGEN: This resolution was submitted to the Committee by Dr. Wallace S. Griffin of Edenton:

Resolved: that the Insurance Committee inform the membership of the North Carolina Dental Society relative to O.A.S.I. and that a poll of the members be made at the next district meetings, the results of this poll to be the wishes of the North Carolina Dental Society at present on this subject, and that the delegates to the Miami meeting of the A.D.A be so instructed.

Submitted by Dr. Wallace S. Griffin

The Resolutions Committee feels it cannot endorse this resolution as presented in this form, for the reason that it violates a long established policy of the Society, to send its delegates to the A.D.A. uninstructed.

We interpret this as meaning they must be instructed to vote according to this poll.

PRESIDENT SHEFFIELD: Gentlemen, what is your pleasure?

DR. WADE H. BREELAND: I move the rejection of the resolution.

DR. ROYSTER H. CHAMBLEE: I second it.

PRESIDENT SHEFFIELD: We are now open for discussion.

DR. FRANK O. ALFORD: I talked to Dr. Griffin about this and I think we can inform our delegation as to the wishes of the Society. They can do as they please, and they do not have to be instructed. Don't you think so, Dr. Pridgen?

DR. D. L. PRIDGEN: If that is the meaning of the resolution. However, it says that "the delegates to the A.D.A. be so instructed." The Resolutions Committee interprets that they have to vote according to those instructions.

DR. FRANK O. ALFORD: Would your Committee be willing to amend that or recommend that they be informed of the wishes of the Society, and vote as they please?

DR. D. L. PRIDGEN: That would be agreeable to the Committee.

DR. FRANK O. ALFORD: I think that would leave it so they can be informed. This thing has a lot of ramifications. Personally, I am opposed to Social Security and I think most of the dentists are. I believe we would hate to have to be forced to pay Social Security, and unless there is a lot of opposition to it, we may be forced to do so. I know there is a great drive in the A.D.A. to push this thing down our throats, while there has been more opposition to it.

DR. CLYDE E. MINGES: As a member of the Resolutions Committee, I could not agree to accept the responsibility of that amendment. I do not feel I would want to change my position, certainly in regard to it. In addition to violating a policy of attempting to instruct the delegates, I think we would run into a Constitutional obstacle there in that the various districts would be separately instructed to take an action that must be approved by this House of Delegates. I would object to it for that reason. I say to you that I have studied this somewhat, and I am much of the opinion that it is most undesirable for us to get into it.

However, the time element would enter into this. We could not inform the rank and file of the membership as to the advantages and disadvantages of this, and they may be lulled asleep with the idea of getting something for nothing. Perhaps they would vote in favor of it while in reality they are not in favor of it. It is my contention that we would have to have more time. I certainly should like to speak to express my opposition to the resolution as it now stands.

DR. RALPH FALLS: This is a little new to me, and I have not had very much time to think of it. Just for my clarification, would you mind reading it again, and could I have the floor again?

*(Dr. Pridgen reread the resolution.)*

PRESIDENT SHEFFIELD: Dr. Falls is recognized again.

DR. RALPH FALLS: I do not know how to state how I feel about this, except to make this effort: I realize there are times when we, as individuals, should use our own discretion. I should like to see this resolution amended to state that at no time can any appointed group or elected group let their individual feelings supersede or take precedence over the wishes of the majority of the North Carolina Dental Society. I do not think any group should have authority to say no to members of the North Carolina Dental Society after they have taken a stand or expressed themselves. I do not think they should be put in the position of having any censorship over the majority. I always cast my lot with the majority of the members of the North Carolina Dental Society and not with any of the new groups that have been elected or appointed. I feel, when they are informed, they are more capable of making the proper decisions than any one group is.

DR. BURKE FOX: It seems to me we are beating a dead dog here. The House of Delegates has no authority to state what can be taken up in the district meetings and what cannot be taken up. Therefore, we are debating something that we have no control over. If somebody wants to make a motion in a district meeting, he has the authority to do that without getting permission from the House of Delegates, and so we are beating a dead dog in discussing this question. If they want to make motions in the district meetings, they can do so; if they do not choose to, they do not have to do so.

I personally am opposed to this Social Security business. I do not believe, as Dr. Pankey said yesterday, that you can reach out with one hand and take it, and push it away with the other hand. I am opposed to that and would vote against it. However, I should like for Roy to strike out of his report that portion in which he says, or implies, that the North Carolina Dental Society, or the dentists of North Carolina, have no power to instruct their representatives. We have had many representatives, who, instead of representing us, have voted opposite to the wishes of the Dental Society. I should hate to see that go into the records, that Roy goes on record as being in favor of representatives failing to represent us.

DR. RALPH FALLS: I, too, am opposed to this Social Security, and have confidence in our representatives going to the A.D.A., but I do not have enough confidence in them to give them that power of censorship to vote whenever we have instructed them. I do not have confidence enough in any of them, now or in the future, to reverse the decisions after they have been clearly demonstrated or voted on, or after the voice of the North Carolina Dental Society has spoken. I do not have confidence enough in any of them to give them the power to censor that.

PRESIDENT SHEFFIELD: Thank you very much. Is there any further discussion on this? (*No response.*)

There is a motion before the House, which has been duly seconded, that we do not accept the resolution.

(*The motion was put to a vote and was carried.*)

PRESIDENT SHEFFIELD: The resolution is not accepted.

DR. D. L. PRIDGEN: Mr. President, may I present, by title, in behalf of Sandy Jennette, who had to leave, the Report of the Superintendent of Clinic Committees?

PRESIDENT SHEFFIELD: Do I hear a motion to accept this by title?

DR. FRANK O. ALFORD: I so move.

DR. PAUL FITZGERALD, JR.: I second that.

*(The motion was put to a vote and was carried.)*

#### REPORT OF THE SUPERINTENDENT OF CLINICS COMMITTEE

There were twenty-five table clinics given, all of which were well attended, and we believe were most excellent.

The cost of having place cards printed amounted to \$12.

Stands for holding place cards have been stored at the hotel and will be available for our next meeting.

A. T. Jennette, *Chairman*

PRESIDENT SHEFFIELD: Are there any further reports?

DR. FRANK O. ALFORD: Mr. President, I have a supplemental report for the Constitution and By-Laws Committee which takes care of the resolution made by Dr. Fox Sunday night which was referred to this Committee. The Committee met and approved the changes. I shall read the changes it proposed.

#### SUPPLEMENTARY REPORT OF THE CONSTITUTION AND BY-LAWS COMMITTEE

Change Constitution Article VII, Section 2, to read: "Unless otherwise specifically provided, all standing committees shall consist of six members, one from each district, and one member at large. As present appointments made in conformity to the former Constitution expire, new appointments shall be made by the President for a term not exceeding three years. Unless otherwise provided, the Chairman shall be appointed by the President."

Change By-Laws, Article 1, Section 21, by striking out the first sentence: "The Relief Committee shall consist of five members, one from each district society." The second sentence shall begin, "The Relief Committee shall elect one of its own members," and continue as at present.

DR. CLYDE E. MINGES: I beg your pardon, may I have the proposed change again, Frank? How will it read after you have amended it? I apologize to you for not getting it the first time.

DR. BURKE W. FOX: Clyde, it merely eliminates the word "five" so it can conform to the word "six."

DR. FRANK O. ALFORD: That is exactly what it means, literally.

DR. CLYDE E. MINGES: All right, thank you.

PRESIDENT SHEFFIELD: Are we ready at this time for a vote?

DR. BURKE W. FOX: Mr. President, this amendment to the Constitution and By-Laws should lie over for a year before it is voted on. I had no intention of trying to amend or even suggest that it be voted on without your consideration. With regard to the wording of this, since the Committee met, I have clarification here which I should like to read. Let this lie over with the other, so that the Constitution can bring back next year the one they think best. For the purpose of the record, I should like to read this.

Constitution, Article VII, Section 2, be amended to read as follows: "Unless otherwise specifically provided, each standing committee shall consist of five members, one from each district society appointed by the President for terms of three years, plus one member at large appointed for a term of one year, and the Chairman shall be designated by the President. Such change of length of term shall apply only to those appointed after this change has been adopted."

The difference between this and the one which Frank has read is just this: as I tried to point out last night, quite often the President has some particular man in mind for a job, whom he would like to appoint. (I mentioned Dr. Poindexter on the Prosthetic Service Committee.) Under the present Constitution he could not appoint the particular man he wanted for a job, because he was already limited by the fact that he had a man from that district. The way this is read, there would still be a possibility that the member-at-large would have been appointed by some other President, and he still could not pick the man he wanted, whereas if the member-at-large is appointed for a term of only one year, that gives the incumbent President the power to, if he has one special man he wants for a job, put him on that committee. For that reason, I think this is an improvement, and should like to present this so that it can be given consideration.

PRESIDENT SHEFFIELD: Thank you very much, Dr. Fox.

Dr. Walter McFall, will you put us right as to the procedure? Shall this be placed on the table until the next meeting of the North Carolina Dental Society, with the intervening Committee on Constitution and By-Laws studying both of these changes, and presenting them next year?

DR. WALTER MCFALL: I am not an authority, but at the House of Delegates, when the remarks came up, you agreed at that time that your present acting Constitution and By-Laws Committee would function on the 90 per cent rule and the two-thirds majority if the Constitution and By-Laws Committee would act on that by this time. Now it is whatever your pleasure is.

PRESIDENT SHEFFIELD: It has been requested that this lie over for further study.

DR. WALTER MCFALL: You had a general agreement at the time Burke's resolution first went to the Committee. If you go back through the proceedings and see it in retrospect, it would be submitted to Frank's Committee. It would lie over, or it would be acted on now, at 90 per cent or two-thirds majority, if you wanted to do it.

PRESIDENT SHEFFIELD: What is the pleasure of the Society?

DR. CLYDE E. MINGES: If they cannot take direct action, it would be placed on the table. In that manner we would be following the prescribed rules of the Constitution and By-Laws.

PRESIDENT SHEFFIELD: I shall declare that the two amendments by Dr. Fox be laid on the table. In the meantime the Constitution and By-Laws Committee will have a chance to study it and will take it up at their pleasure at the next meeting of the North Carolina Dental Society.

DR. FRANK O. ALFORD: Mr. President, you are going to supplement that amendment by this, which is principally in the wording of it?

PRESIDENT SHEFFIELD: That is right.

DR. FRANK O. ALFORD: That is all right.

I have another change that the Constitution and By-Laws Committee recommends pertaining to a change in the By-Laws. They recommend the following:

Change By-Laws Article 1, Section 6, Executive Committee, by adding in line two following "the President," the word, "Vice-President."

This means essentially you are adding "Vice-President" to the Executive Committee. You are just increasing the Executive Committee by one member, which gives them seven members instead of six.

If it is a change, I suppose it would have to lie on the table for a year, but we recommend that.

PRESIDENT SHEFFIELD: Gentlemen, you have heard the reading of this proposed change. That will be placed on the table to give you an opportunity to study it until the first meeting, or any meeting, of the House of Delegates next year.

DR. FRANK O. ALFORD: Mr. President, I think we voted Sunday night to make another change in the Constitution and By-Laws, if it received a 90 per cent vote. That is unfinished business.

PRESIDENT SHEFFIELD: Will you state the change that your Committee proposes.

DR. FRANK O. ALFORD: The first thing I shall take up is the change in the Constitution and By-Laws in regard to electing delegates to the American Dental Association. As you know, heretofore we have had three elected delegates; the President and the President-Elect made five delegates. This year we are entitled to five delegates, but we shall be entitled next year to six delegates. The Constitution and By-Laws Committee has recommended and introduced an amendment to the Constitution and By-Laws providing that six delegates be elected which is taken care of in rotation, making the President, the President-Elect, and the Secretary-Treasurer alternate delegates to the American Dental Association, without the formality of election. The other alternate delegates are to be elected from the floor.

That is essentially what the change was as read Sunday night. It passed at that reading, I believe, did it not?

PRESIDENT SHEFFIELD: Yes, sir.

Gentlemen, this change in the Constitution and By-Laws was placed on the table until this session. As I understand it, we can have a vote on this, and we must have a 90 per cent vote in favor of it for its passing. It will not be effective until next year. It does not have anything to do with the present setup of the delegates who were elected Monday night.

All in favor of this change in the Constitution and By-Laws, let it be known by standing. This is for members of the House of Delegates.

*(A standing vote was taken.)*

SECRETARY COFFEY: Thirty-seven members are present. Thirty-five vote in favor of it.

PRESIDENT SHEFFIELD: Gentlemen, I declare that the Constitution and By-Laws will be changed as read.

Are there other reports?

DR. BURKE W. FOX: Mr. President, did we not have also a proposed item with regard to the Dental Advisory Committee, which should be considered?

DR. FRANK O. ALFORD: I am sorry. I overlooked that. We should do that.

The other recommendation, Mr. President, or the other introduced amendment, was a change in the Constitution and By-Laws providing for a Constitutional Advisory Committee to the School of Dentistry at the University of North Carolina. Would you like that read?

DR. BURKE W. FOX: Please read it.

DR. FRANK O. ALFORD: All right. I shall read it.

Change Article VII, Section 1 of the Constitution by adding to Standing Committees following Relief Committee the following:

Advisory Committee to the School of Dentistry  
University of North Carolina

Change By-Laws, Article 1—Duties of Officers, following Section 21, by adding another section as follows:

“Advisory Committee to the School of Dentistry  
of the University of North Carolina

Section 22. The Advisory Committee to the School of Dentistry of the University of North Carolina shall consist of ten (10) members, two from each district society, to be elected by ballot by each individual district as follows: 1st District, two members for one year; 2nd District, two members for two years; 3rd District, two members for three years; 4th District, two members for four years; 5th District, two members for five years, and thereafter, *in turn*, each district shall elect two members to this Committee for a period of five years. The Committee shall elect a Chairman and a Secretary from its membership. The Chairman shall

call and preside over all meetings. The Secretary shall keep a continuous, accurate, and permanent record of all proceedings and make a written report to the House of Delegates of all actions taken by the Committee. This Committee shall be responsible for reporting to the University officials any action taken by the North Carolina Dental Society pertaining to the School of Dentistry. It shall also represent the Society and serve the profession in an advisory capacity in all matters concerning the School of Dentistry at the University of North Carolina. It shall be their duty to advise and confer with the Dean of the School of Dentistry and act as a liaison committee between the School of Dentistry and the Dental Society."

DR. PAUL FITZGERALD: Will you reread the first part? I understood that each year the districts would elect those two delegates or those two members to the Advisory Committee for five years. Should not that read, Dr. Alford, "At the expiration of their term?"

DR. FRANK O. ALFORD: It says in term, the experience. They are elected for one term, and when that expires, they will be re-elected for five years.

PRESIDENT SHEFFIELD: Gentlemen, this is a proposed change in the Constitution and By-Laws presented at a former meeting. It was laid on the table for this meeting. It is now ready for your vote.

DR. BURKE W. FOX: Mr. President, I was denied the right to discuss this when it was first presented, and was told I could discuss it before a vote was taken.

PRESIDENT SHEFFIELD: You have the floor, Dr. Fox, proceed.

DR. BURKE W. FOX: We have just been told that representatives of the North Carolina Dental Society are not necessarily representing the wishes of the Society, that that has been a policy in the past. I feel that is a wrong proposition, that any man who is supposed to represent the Society, and who finds in his heart that his opinions differ from the majority, should resign from his Committee. However, they do not do that. Under this proposition, where men are appointed for five years, we may get men there who still believe in the policy that they represent themselves rather than the wishes of the majority, and we have no chance to replace them for five years. I consider that five-year terms are too long, because if the wishes of the Society change, and the representatives are representing themselves instead of the Society, we should have a chance to replace them with somebody who will represent the Society. Therefore, if it requires a 90 per cent vote to pass this, I shall vote opposing it. Thank you.

PRESIDENT SHEFFIELD: Is there any further discussion?

DR. CLYDE E. MINGES: Mr. Chairman, I think, in order to avoid an argument here, and so as not to precipitate another squabble, is this so urgent that we should absolutely do away with our Constitution and By-Laws itself? Why can't this go through the regular channels and pass

this legislation as our Constitution provides, which was framed in the absence of prejudices, of personal feelings, or anything else, for the conduct of our Society. We now are going off— and we are not too well informed about it—and are abrogating our Constitution, or disregarding it, and are passing things in a few minutes. I believe it would be better to let it go and take the regular channels.

DR. RALPH FALLS: I do not mean to be offensive to any member of this so-called Advisory Committee. It has been called an illegitimate Advisory Committee; illegitimate is no reflection on any gentleman on this Advisory Committee, they are all gentlemen, in my opinion. However, they have been unofficial, and I do not think any of them will deny it. I think most of them, or a great percentage of them, will admit that they were wrong in advising the Health Affairs Committee, giving their personal opinions precedent over the wishes of the North Carolina Dental Society.

I think it should be possible to get the truth to the newspapers without any shading or without any biased wording, the true wishes of the true representatives and duly appointed or elected officials of the North Carolina Dental Society. I am opposed to any change in the By-Laws or any other change that might give any committee any authority to censor or supersede our wishes. I think if that is not already in the rules and By-Laws, they should be held accountable when they do that, when they go against the wishes of the North Carolina Dental Society. There should be some way, in the Ethics Committee or in the Membership Committee, to correct those members who get out of line like that, regardless of what their personal opinions may be.

We oppose this resolution as long as it gives any individual member the right to vote his individual convictions rather than the convictions of the North Carolina Dental Society.

DR. FRANK O. ALFORD: Mr. Chairman, might I add why our Constitution and By-Laws Committee took this matter? As you know, Dr. Minges, the University wants this Committee.

DR. BURKE W. FOX: I should like to state that I am not opposed to the Advisory Committee. The only portion of this which I objected to was the five-year terms. I think it would be much better if that portion were changed to read that each district should elect two representatives to this Committee, one for one year, one for two years, and thereafter, replace the member whose term has expired with another, or re-elect the same man, but re-elect him for two years. Make those terms two years. In that way, instead of having one district get the privilege of appointing men for five years, whereas others are limited to one year, every district would be placed on an equal basis in that they would elect two representatives, one for one year and one for two years. In the future, those men would be elected for two-year terms.

However, since that is a radical change, I should like to move that this proposed amendment lie over until our next Annual Meeting. With regard to the Committee, I shall be glad to offer another motion after this constitutional matter is disposed of.

DR. RALPH FALLS: Dr. Sheffield, I have a point.

PRESIDENT SHEFFIELD: There is a motion before the House.

DR. RALPH FALLS: What motion is before the House?

PRESIDENT SHEFFIELD: Did you not make a motion Dr. Fox?

DR. BURKE W. FOX: I made a motion that this proposed amendment lie over until our next Annual Convention, and study be given it.

DR. FRANK O. ALFORD: We have no second to Dr. Fox's motion.

About this motion of Sunday night, without any opposing vote it can be brought up at this meeting, and if it receives a 90 per cent vote it will be amended. Is that right?

PRESIDENT SHEFFIELD: Yes, sir.

DR. FRANK O. ALFORD: That was my understanding. If there are any changes to this as it is written, it would have to lie on the table for another year. Thus, if you want your Committee to continue as a constitution committee, I think you would have to pass this, as it is written, it seems to me. I am not partial to it, either way. I do not care if you have a committee or not, if it is the wish of this organization. After all, this body rules the policies of the North Carolina Dental Society. Whatever you want to do here is perfectly all right. I thought however, it was the feeling that perhaps we could make these changes and vote on it, on Sunday night, so it can be voted on now, in order to establish a committee to carry on with it right now. Else, the President could appoint a committee, if you want one, or if you do not want one, you can kick it all out. Is that right Bernard?

PRESIDENT-ELECT WALKER: I should like to make a comment:

There is evidently some misunderstanding about the Dental Advisory Committee to the School of Dentistry. That has been a special committee, due to the fact that there was never a Constitutional amendment made to make it a standing committee. It is the prerogative, so I understand, of the President to form a special committee or a committee if the Executive Committee thinks it is necessary that such a committee be appointed, and from time to time it is necessary to form new committees that should cease to exist when the need for that committee is over. We certainly do need to have a liaison committee with the Dental School. In the past this Dental Advisory Committee has been operating by consent of each incoming President and the Executive Committee, to function or be appointed similarly to a standing committee, with the exception that there were more men on it.

As incoming President, it is going to be my policy to have, provided the House of Delegates or the Executive Committee is in favor of it, and to continue having, a Dental Advisory Committee, because the authorities have requested it. Major McLendon and Chancellor House have requested it on this platform. It will not break the Constitution and By-Laws to appoint this Committee, whether or not this resolution passes; if it does not pass there still will be a Dental Advisory Committee. At least, those

are my sentiments which I can express now, and after I am installed, there will be your wishes and it will be only for me to execute your wishes.

DR. RALPH FALLS: Gentlemen, I believe we are all in accord that it is just a matter of principle as to how to get to it. I am personally in favor, and I believe everyone else here is, to go right down to the heart of it. We have a letter from Major McLendon saying that when the Dental Advisory Committee disapproves of the intramural practice, they will eliminate it. To get to that, we have that letter on file, and in order to expedite this thing, as Dr. Walker just stated, he can appoint a Dental Advisory Committee, which I am in favor of doing, just for one year. He can then go ahead, without breaking the precedent of the By-Laws, next year, after he has appointed his committee to function this year, and get that intramuralism out. Get that letter as soon as possible; next year, bring it back, through our Constitution and By-Laws, and elect those members from each district on a long-term basis, if that is the wish of the North Carolina Dental Society. As Dr. Walker just stated, he can appoint, and he will appoint, them. Let him go ahead and appoint his full Advisory Committee, and let them answer his letter in which Major McLendon stated he would eliminate intramural practice. Let us get our official Dental Advisory Committee, which will represent the true wishes of the North Carolina Dental Society.

PRESIDENT SHEFFIELD: There is a motion to table it for another year. Do we have a second? We have a motion before the House given by Dr. Fox, to table this change in the Constitution and By-Laws until next year.

DR. E. M. MEDLIN: I second the motion.

DR. WADE BREELAND: Point of order. Can you table a motion for any definite period of time?

PRESIDENT SHEFFIELD: It will be tabled.

DR. WALTER MCFALL: Yes, you can table it to the next meeting. You can do that.

PRESIDENT SHEFFIELD: In this case, it would have to be the next year because there is no other House of Delegates meeting this year.

Please state your motion again, Dr. Fox.

DR. BURKE W. FOX: My motion was that no action be taken on this proposed change in the Constitution and By-Laws until our next Annual Session.

DR. CLYDE E. MINGES: As I understand it, that is not a motion to table.

PRESIDENT SHEFFIELD: You have not made any mention of the fact that you are tabling the motion.

DR. BURKE W. FOX: It merely stated no action should be taken on it at this time. However, I shall be glad to withdraw the motion, and you

can ask if there is 90 per cent consent to pass on this at this time. You have to get 90 per cent permission on that in order to vote on it. You then vote on the amendment.

PRESIDENT SHEFFIELD: In other words, Dr. Fox, you withdraw your motion?

DR. BURKE W. FOX: I withdraw my motion so that you can present it.

PRESIDENT SHEFFIELD: All right, we are ready for a vote on the change in the Constitution and By-Laws.

DR. CLYDE E. MINGES: That is the motion made by Dr. Alford?

DR. FRANK O. ALFORD: I introduced it Sunday night. I did not make a motion.

DR. CLYDE E. MINGES: Let us get this clear. Are we voting now to proceed with his recommendation? We are now voting to sustain Dr. Alford's recommendation, right?

DR. BURKE W. FOX: Point of order. Your correct procedure is to ask if there is 90 per cent consent to vote on that at this meeting; then, vote on it.

DR. FRED HUNT: I think Burke is wrong. This was brought up Sunday night.

DR. FRANK O. ALFORD: You received 90 per cent at that time.

DR. FRED HUNT: There are two ways of handling it. One is with a 90 per cent vote at this time. The other is to carry it over until next year at which time a two thirds majority is necessary. When it came before this meeting this morning it should have been voted either for or against it. If you voted it down, you can take up all these other matters which we are discussing. In order to follow the dictates of the Constitution and By-Laws, I think a vote will have to be held first before any other discussion on this would be in order.

DR. BURKE W. FOX: Mr. President, the Constitution and By-Laws specifically states that the House of Delegates may amend or alter these By-Laws at any Annual Session, due notice having been given at a previous meeting of said Annual Session, providing 90 per cent consent may be obtained. You have to get consent to vote on it before you can vote. There is nothing that can be any plainer than that. It says it may amend, provided 90 per cent consent may be obtained. You have to get the consent of 90 per cent before you can vote on it.

DR. FRED HUNT: You are already attempting to amend your Constitution and By-Laws. You are not voting to see whether we can vote on it. We must vote to see whether we can change it.

DR. BURKE W. FOX: It says that you have to get the consent to act on it at the same Annual Meeting, rather than having it lie over for a matter of a year.

DR. FRED HUNT: This is a matter of legality and the proper procedure is this, I think: the House of Delegates may amend (it does not say vote, or what not) at any Annual Session, due notice having been given, and so on. The previous meeting was Sunday night. We came here—and this has been the procedure ever since I have known anything about the North Carolina Dental Society—and will have a vote. If we have less than 90 per cent, it has to go over until next year; if it is 90 per cent, it is part of the Constitution and By-Laws.

PRESIDENT SHEFFIELD: Gentlemen, it appears to the Chair at this time that at our previous meeting of the House of Delegates it was agreed that it would be brought to this group in this final session of the House of Delegates, at which time the delegates would have an opportunity to vote on this. If 90 per cent vote in favor, it will be carried. If not, it will lie over for a meeting in the future year.

Gentlemen, let us have a vote. All in favor of making this Committee a constitutional committee instead of a special committee, let it be known by standing.

*(A standing vote was taken.)*

SECRETARY COFFEY: Sixteen stood up. It requires thirty-three for 90 per cent.

PRESIDENT SHEFFIELD: Be seated, please. We did not secure 90 per cent at this time. I shall direct that this matter be carried over, be placed on the table, for a future meeting of the North Carolina Dental Society at its next Annual Meeting.

Is there anything else to come before us at this time?

DR. BURKE W. FOX: Mr. President, in order to get this thing legal, the House of Delegates, under Cleon Sanders, voted that the President did not have the power to appoint the Advisory Committee, but that he could nominate and submit those names to the House of Delegates for election. I should like to make a motion that this action taken under Cleon Sanders' administration be revoked and that the President be given power to appoint a special committee as Advisory Committee to the North Carolina Dental School.

DR. CLYDE E. MINGES: I think that power is given.

DR. BURKE W. FOX: That power was taken away from him by the House of Delegates, and we should restore it.

PRESIDENT SHEFFIELD: I do not think so.

DR. BURKE W. FOX: That power was taken away from him by the House of Delegates and it should be restored to him.

PRESIDENT SHEFFIELD: Do we have a second to that motion?

DR. W. T. BURNS: I second the motion.

*(The motion was put to a vote and was carried.)*

PRESIDENT SHEFFIELD: Are there any further reports?

DR. WALTER McFALL: Dr. Sheffield, are you back to me, yet? Drs. Minges and McFall on the special Resolutions Committee commissioned by the House of Delegates.

We have a big sheaf of correspondence. Our special delegation was to draw resolutions, or minutes, that would help increase Dr. Ernest A. Branch's chances on the Lasker Award. This sheaf has already been done. There is nothing here, I believe, that carries budgetary items or that would carry controversy, unless it be on the life of Ernest A. Branch. If you wish me to read it, I shall be glad to do so. If not, I think you can expedite time by sending this love letter along with the others in Dr. Branch's behalf, to Dr. Norton and Dr. Owen, and to Dr. Branch himself. What is your pleasure?

DR. PAUL FITZGERALD, JR.: I move that we send them.

DR. C. C. DIERCKS: I second the motion.

*(The motion was put to a vote and was carried.)*

PRESIDENT SHEFFIELD: Will you name those papers you have submitted here, for the matter of record?

DR. WALTER McFALL: For the matter of the record, as the President asked, there is a letter from Dr. Neal Sheffield, President of the North Carolina Dental Society; a letter from Dr. Poindexter of the Executive Committee; a letter from Dr. Ralph Coffey for the North Carolina Dental Society; a letter from Dr. Norton, Secretary of the State Health Officers Meeting; another letter from Dr. Norton as State Health Officer; and qualifications of Dr. Ernest A. Branch accompanying the whole gamut of other reports, plus the House of Delegates of the North Carolina Society Meeting at Pinehurst, May 16, 1954, all in behalf of Dr. Ernest A. Branch for the Lasker Award.

*(The motion was put to a vote and was carried.)*

Chairman, Lasker Awards Committee  
Dr. Reginald M. Atwater  
Executive Secretary  
The American Public Health Association  
1790 Broadway  
New York 19, New York

Dear Sir:

I was very happy to learn that Dr. Ernest A. Branch, Director of the Division of Oral Hygiene of the North Carolina State Board of Health has been nominated to receive the 1954 Lasker Award for distinguished service in the field of public health administration. It seems to me that Dr. Branch is the logical man to be seriously considered for this high honor.

It would be difficult to find a man of Dr. Branch's equal and he has done a monumental service in the Oral Hygiene and dental field in North Carolina. His work has not been confined to the cities but he has carried his dental health programs to every county in the state. A small community health problem would receive the same careful consideration as one of state and national scope.

Dr. Branch has the happy faculty of commanding respect and full cooperation of the Dental Profession in North Carolina as well as the school officials and all layman groups. With this rare leadership and

ability he has succeeded in building one of the finest dental health programs to be found anywhere in the nation.

In behalf of the North Carolina Dental Society I would strongly urge that your committee give Dr. Branch's nomination your careful and favorable consideration.

Sincerely yours,  
Neal Sheffield, President

Chairman, Lasker Awards Committee  
New York 19, New York

Dear Sir:

My committee has learned and with considerable pleasure that Dr. Ernest A. Branch, Director of the Division of Oral Hygiene of the North Carolina State Board of Health, has been nominated for the 1954 Lasker Award. This formal nomination was made by Dr. J. W. R. Norton, State Health Officer of North Carolina.

For twenty-five years or more Dr. Branch has headed the Oral Hygiene Department. His achievements have been many. These achievements have been recognized and appreciated in this section and, indeed, throughout the nation. His everyday character and his ability are appealing, consequently he encountered few if any difficulties with his own profession or the public in carrying through a highly commendable program. We jealously guard these accomplishments as direct results of the wisdom and resourcefulness of Dr. Branch.

At its annual meeting one year ago in recognition of Dr. Branch's crusade and attainments for better dental health of the people of the state, the North Carolina Dental Society honored him as few men have been honored.

In the deliberations of your committee concerning the 1954 Lasker Award, the Executive Committee of the North Carolina Dental Society earnestly request your careful consideration of the name of Dr. Ernest A. Branch.

With high regards, I am

Yours very truly,  
C. C. Poindexter, Chairman  
Executive Committee

Chairman, Lasker Awards Committee  
New York 19, New York

Dear Sir:

The North Carolina Dental Society is indeed grateful to Dr. J. W. R. Norton for his nomination of Dr. E. A. Branch for the 1954 Lasker Award.

It is hard for me to confine my remarks within reasonable boundaries and convey to your committee the high esteem that the North Carolina Dental Society holds for Dr. Branch. He has been more than an individual member since 1913. We look back on his record and accomplishments and see an institution and not just an individual. His wisdom and council have made our Society outstanding. We feel that his influence has done more to make the State dental-health minded than all other sources combined.

You are aware of the fact that he has directed our Division of Oral Hygiene for twenty-five years. This Division of Oral Hygiene was the first in the nation, and its present high standing is accepted by every member of the Society.

The North Carolina Dental Society has bestowed every honor that is ours on Dr. Branch; these honors have seemed to be a challenge to Dr. Branch for greater service and devotion to his profession.

To know Dr. Branch is to love him. Nothing can change his fine character and sense of responsibility. We urge your committee to give careful consideration to his selection as the recipient of this high honor.

Yours very truly  
Ralph D. Coffey  
Secretary-Treasurer

Dr. Jimmy Owen  
Director Mouth Hygiene  
State Board of Health  
Louisville, Ky.

Dear Dr. Owen:

The House of Delegates of the North Carolina Dental Society meeting in Pinehurst May 17, unanimously voted to have a resolution prepared on behalf of Dr. Ernest Branch. Doctors McFalls and Minges were appointed by the President to prepare the resolution which is as follows.

1. After more than twenty five years as student, leader, servant and director of our Oral Hygiene Division of the N. C. State Board of Health; today more than ever, we wish to express our respect for, admiration of, and sincere appreciation because of the outstanding work accomplished by Dr. Ernest Branch.

2. More than teaching teachers, more than informing the dental profession of the best, latest, and more scientific ways, means methods, yes, always, Dr. Branch through his sacrificial, inspiring and personal leadership has kept foremost, we must all serve and benefit children.

3. That as important as is filling or restoring teeth, removing infection from the mouth, Dr. Branch has taught us that prevention; early regular and frequent visits to the capable dentist is more important than remedial or corrective operative or restorative services. That dental health educational proven research can be taught children, their parents and teachers for the daily and life-time benefit of children.

4. In view of Dr. Branch's exemplary services in his chosen life work started in North Carolina as an outgrowth of professional interest, through all these long years, our Oral Hygiene Director has done more, much more, than was ever hoped, expected or demanded; above and beyond normal duty—until—his work is and has been recognized nationally and internationally.

5. That since Dr. Ernest Branch has served long, faithfully, and well because of manifold and myriad services now uncounted, we earnestly and sincerely urge consideration of, critical investigation of his services, records, accomplishments over a long period of years.

6. Dr. Branch is modest, humble, retiring, capable, efficient. His innate joy and satisfaction comes and has come in doing his most and best—for children.

7. That this man, Dentist, leader and Christian gentleman be considered for any National recognition given one in health education, public service and service above self.

The House of Delegates  
North Carolina Dental Society  
Meeting in Pinehurst, N. C., May, 1954  
Dr. Walter T. McFall, Dr. Clyde Minges  
Sincerely,  
Ralph Coffey, Secretary-Treasurer  
North Carolina Dental Society

PRESIDENT SHEFFIELD:

Is there any thing further to come before this House of Delegates? *(No response.)* If not, at this time I want to thank each of you for your patience, your tolerance, your cooperation, in making it possible to transact the business of the North Carolina Dental Society. I deeply appreciate your kindness in this matter.

DR. CLYDE E. MINGES: Mr. Chairman, I should like to move that this House of Delegates go on record as appreciating the wonderful services you have given to all of us.

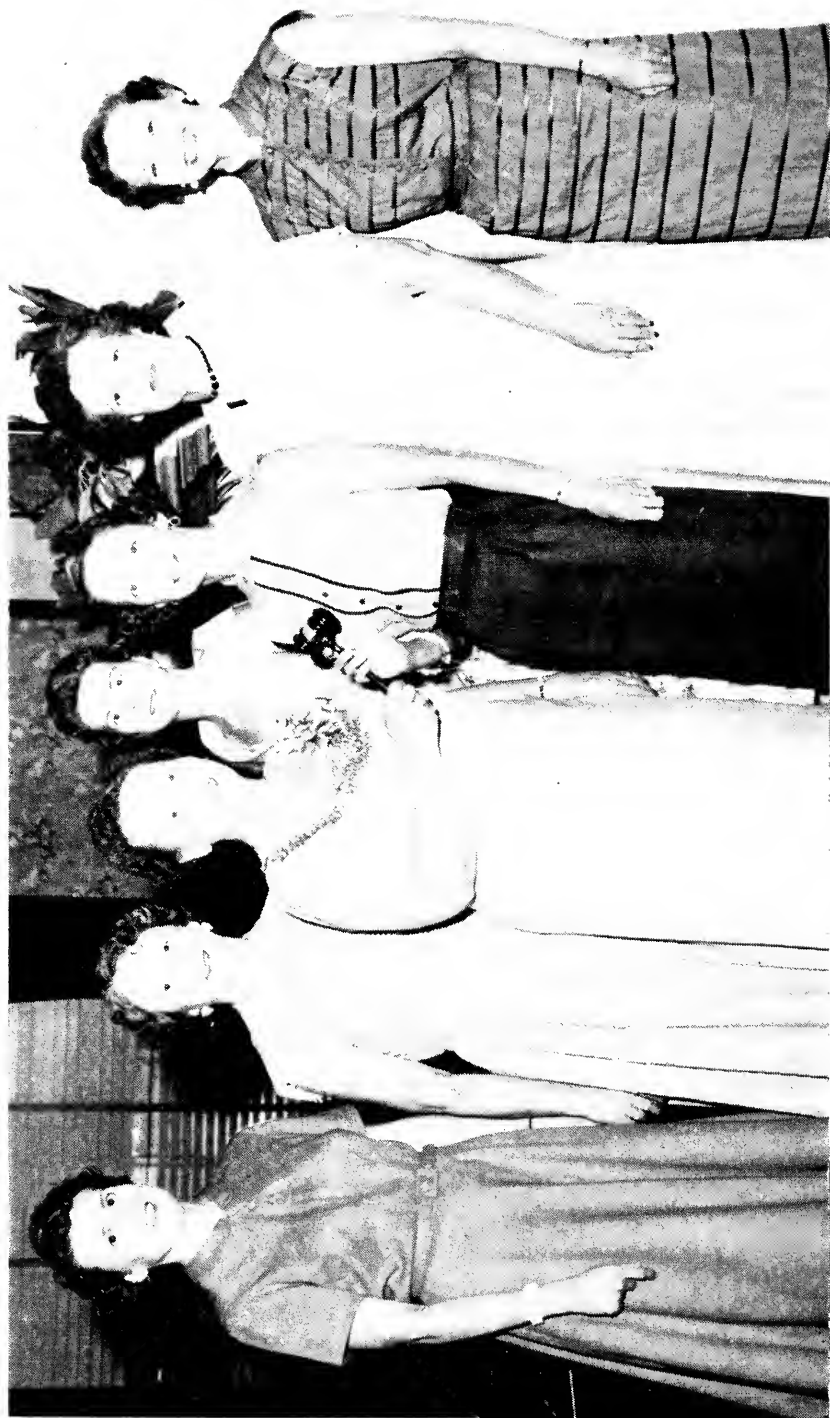
DR. WALTER McFALL: I second that.

*(Secretary Coffey put the motion to a vote and it was carried by a rising vote with prolonged applause.)*

PRESIDENT SHEFFIELD: Thank you, gentlemen. I want to thank you from the bottom of my heart for this expression. Thank you very much.

I declare this final session of the House of Delegates of the Ninety-Eighth Anniversary Meeting of the North Carolina Dental Society adjourned.

*(The meeting was adjourned at eleven forty-five o'clock.)*



Mrs. T. E. Sikes presents the gavel to Mrs. Ralph Coffey while the new Dental Auxiliary officers look on. From left to right are: Mrs. Edward Austin, Treasurer; Mrs. J. M. Kilpatrick, Vice President; Mrs. Sikes; Mrs. Z. L. Edwards, Jr., Historian. Mrs. Coffey; Mrs. Grady Ross, President Elect; and Mrs. Ralph Falls, Secretary.

## GENERAL SESSION

WEDNESDAY, MAY 19, 1954

The meeting was resumed at eleven-fifty o'clock, President Sheffield presiding.

PRESIDENT SHEFFIELD: The final General Session of the Ninety-Eighth Anniversary Meeting of the North Carolina Dental Society will now come to order.

The first order of business is the installation of your new President. At this time I should like to have Dr. Sam Shaffer and Dr. Frank Alford escort your new President to the rostrum (*Applause*)

(*Dr. Sam W. Shaffer and Dr. Frank O. Alford escorted President-Elect Walker to the platform.*)

PRESIDENT SHEFFIELD: First I want to thank you for the grand assistance you have rendered to this administration Bernard. A lot of the success of this administration has been due to your efforts, your guidance, and your cooperation. I want to say to you, sir, that the North Carolina Dental Society is to be congratulated for having you as a leader, with your great experience, for the coming year.

Bernard, at this time I am happy to present you with the gavel of the North Carolina Dental Society, and with it the authority that is invested in you in the running of the North Carolina Dental Society for the next year. We know that you will use this gavel with your only thoughts and actions directed to a greater profession and a grander North Carolina Dental Society.

There is just one request I want to make to each of you, and that is, you will give Bernard the same loyal support you gave me during the past year.

At this time I am happy to install you as President of the North Carolina Dental Society. With that goes my best wishes and may God bless you! (*Prolonged applause.*)

PRESIDENT BERNARD WALKER: Neal, Members of the North Carolina Dental Society, and Guests: It is an honor that you have bestowed on me, and one that I will try to uphold. I shall endeavor to maintain the dignity of the precedents that have been set by the men before me. I certainly should like to commend Dr. Sheffield and his committees for the excellent year, and for the services they have rendered to the North Carolina Dental Society.

Neal started the District Officers Conference whereby the district officers could meet and organize and bring together the questions and seek the answers that the secretaries and the officers of the district societies had in common, for the betterment of the North Carolina District Dental Society. I wish to continue that custom which he has instituted.

The President of the North Carolina Dental Society is your elected representative. The duties are clearly stated in the Constitution and By-Laws of our Society, and I should like to read them to you:

"The President shall preside at all meetings of this Society, preserve order, regulate debates, and appoint standing committees as pro-

vided in Article VII of the Constitution, and such other committees as may be deemed necessary. He shall give deciding vote on all ties, except in election of officers, when he shall have the same voting and privileges as other members; call special meetings upon written request of a majority of the officers of the Society, including the Executive Committee and the Ethics Committee, and perform such other duties as may from time to time be assigned to him, and shall deliver an address at the opening session of the next annual meeting after assuming office."

In August 1940, the retiring President of the North Carolina Dental Society made some suggestions which I think merit repeating. I should like to read them to you as an excerpt from Frank Alford's Presidential Address in 1940:

"The By-Laws of this Society provide that the President is required to deliver an address at the opening of the next annual meeting after assuming office. It is a wise provision, but it makes it impossible for him to follow any suggestions or recommendations that he might make in his annual address, or to establish a policy to be followed by the Society during his year of administration. Experience teaches that the most successful plans are those that are followed up, and the President's term is too short to begin much of a constructive program and follow it through to completion.

"Under our present system the only opportunity afforded the President to address a general session, except as outlined in the By-Laws, is at the time of the installation of officers. At this time the members are leaving for home, and it is often too difficult to get them together for this general session. By our method of election the President-Elect has a full year in active contact with a component to learn their needs and desires, in which to establish a policy at the time of being installed as the President. He should be required to deliver an address at the opening session of the Annual Meeting at which he assumes the office of the Presidency, and outline his program and policies for the year of his administration. This would in no way interfere with an address by the President at the same session."

Since I am your representative, and since we all recognize the fact that wounds do heal, but they do leave scars—perhaps not always visible; sometimes they are deep and people forget them—some of those wounds and scars are carried, and it is always a difficult task for an incoming President to settle on committee appointments. It is more difficult in our Society, especially in the case of the standing committees, due to the fact that we have a very fine By-Laws making the standing committees rotating. The incoming President has the privilege of nominating only one man, and that man should be from the district that the retiring member of that committee comes from. We often have many men who are capable of filling each of these committees. Thus, we cannot always do just as we choose—and I think it is right.

I intend to carry out Neal's recommendations. I also intend to be fair. I do not intend to be biased, because the President, as your leader, should not stoop to petty policies because he represents each and every one of you. If he is going to be honest to you, he should execute your opinions, and those opinions should stem from the House of Delegates.

The President and the Executive Committee should not be the policy-making body. Each member of the House of Delegates represents a district, and each of those men have a responsibility to the ones he represents—you, the members of the North Carolina Dental Society.

When a controversial issue arises, I am going to follow the same policy in my dealings with it as Dr. Sheffield has tried to do this year. I hope the Executive Committee will continue to act in good faith as the Chairman of the Executive Committee for this past year has done. He dodged no issues. The Secretary wrote the letters he was instructed to write. I hope, pray, and solicit your support, in order that our Society which through these years has grown in number and in stature, may continue to do so. I should certainly hate to be an instrument in lowering the respect that has taken years to build by hasty action and careless choice of words.

I want to thank each and every one of you. I want to thank my wife for putting up with me. (*Applause*) Gentlemen, those are my remarks.

At this time I should like to introduce the other members of the officials for the Ninety-Ninth year. The first is President-Elect J. Walton Branham. I should like to ask Dr. Alex Pearson and Dr. Milo Hoffman to conduct Dr. Branham to the platform. (*Applause*)

(*Drs. Pearson and Hoffman escorted President-Elect J. Walton Branham of Raleigh to the platform.*)

PRESIDENT WALKER: It is with a great deal of pleasure that I have the privilege of installing you as the President-Elect. You have covered the state district meetings many, many times in the past in the capacity of the job which you held. I am sure that a wiser choice could not have been made, than you. Thank you. (*Applause*)

PRESIDENT-ELECT BRANHAM: President Walker, Members of the North Carolina Dental Society: By what went on this morning I see I have a lot to learn. In working with Dr. Walker and Dr. Ralph Coffey this coming year, under their guidance and through my observations, I hope I shall be ready to fulfill the office next year. Gentlemen, we have a great organization. I want to keep it that way. I should like to see this organization grow, both in strength and in numbers. I know it will under our new President, Bernard Walker. We have differences of opinion, and that is healthy. However, I hope these differences of opinion will be kept in such a respect that there will be no personalities involved. We shall work for one great aim—to build a bigger and better North Carolina Dental Society.

I solicit your help this year. Be patient, and I hope I shall be ready next year at this time. I thank you. (*Applause*)

PRESIDENT WALKER: Thank you, Dr. Branham.

The next official I have the pleasure to install is Dr. Horace Thompson of Wilmington. I should like Dr. Pigford and Dr. Broughton to escort Dr. Thompson to the rostrum.

(*Drs. Broughton and Pigford escorted Dr. Horace Thompson to the platform. Applause*)

PRESIDENT WALKER: Tom, it gives me a great deal of pleasure and satisfaction to know I am going to have another good man to help hold me up and keep me straight this year. I do not know of a better man to do it, than you. It gives me a great deal of pleasure to install you as Vice-President of the North Carolina Dental Society.

VICE-PRESIDENT HORACE THOMPSON: Thank you, Bernie. It is going to be a privilege and a pleasure to work with you.

I should like to make one observation of this meeting. The first prize that was given away yesterday afternoon was a little outboard motor. They are noisy little pieces of machinery, but they will take you there and they will bring you back. It almost rivaled some of the stormy sessions we have had in this meeting this year, but if we will stick to this machinery of the North Carolina Dental Society and muster our forces, it will take us where we want to go, and it will bring us back.

As for myself, in the office of Vice-President, I am going to do everything that my duties call for, and I am going to do more than that. I shall follow Bernie and do all of his requests. Furthermore, I shall just say, fellows, thank you. (*Applause*)

PRESIDENT WALKER: The next elective office is that of the Secretary-Treasurer. Ralph has done a wonderful job this year. I want you members to realize that to be Secretary-Treasurer of almost 1000 members is a big thing. No one realizes it better than a past Secretary-Treasurer—the responsibilities and calls that are made upon the Secretary-Treasurer. He has to be a man of high character, with a lot of stamina, intelligence, and patience. I appreciate the work, the time, and the sacrifices that Ralph has made this past year. I am very happy that Ralph will be my Secretary as well as yours.

Ralph! (*Applause*)

SECRETARY COFFEY: Members of the North Carolina Dental Society, Ladies, and Guests: Someone asked me if I were not frightened. I said I was, last year. I told them that anyone who had little enough sense to have these jobs did not have sense enough to be frightened. I do not say any of that with disrespect for the officers, though.

I think last year I promised you I would do my best. From all reports, I have been working. I have had a lot of praise from some men. To those men I say there are others who can do a better job than I have done. To those who have criticized, I shall refer them to the record when it is printed for authority of all my actions during the past year.

I can pledge to you my best this year, and that is all I can promise. I do have one other promise to make. I do not think it will help. I am going to have a new picture taken for the Proceedings, but I do not think that will change it much. (*Laughter and applause.*)

You know, a Secretary does not make any speeches, but when he gets up he gives some reports. I should like to give a report of the attendance.

## DISTRICTS

1	90	
2	153	
3	157	
4	85	
5	120	—605
Auxiliary	196	
Guests	145	
Exhibitors	77	
Dental Assistants	25	
Hygienists	15	
Distinguished Guests	55	
Students	148	—661
Grand Total		—1266

We ran out of every kind of supply, so next year we shall have to double our order.

Thank you. (*Applause*)

PRESIDENT WALKER: The next order of business is the installation of the two members of the State Board, Dr. Cleon Sanders and Dr. William Matheson.

I believe they both had to leave. I declare them installed. Dr. Frank Alford will install them at the proper time.

The Members of the House of Delegates for the American Dental Association, to replace himself, Dr. Paul Jones. I believe Dr. Jones had to leave last night, so I declare him officially installed.

The alternates to the House of Delegates of the American Dental Association, Dr. Fred Hunt, Dr. Frank Alford, Dr. Paul Fitzgerald, Sr., Dr. Ralph Coffey, and Dr. Horace Thompson.

I declare you officially installed.

I want to, at this time, thank all the committee chairmen, all the members of the committees, on behalf of the North Carolina Dental Society, for the excellent work they have done.

I want to thank Dr. Marvin Evans, the Editor and Publisher of the JOURNAL of the North Carolina Dental Society, the Editor of the PROCEEDINGS. That is a big job. I hope and trust that Marvin will serve again as Editor-Publisher of our JOURNAL. He has done a wonderful job, and I shall ask him please to serve again. (*Prolonged applause.*)

The date for the next Annual Meeting will begin Sunday, May 14, and continue on the 15, 16, and 17, closing, as we are closing today, on Wednesday.

I should like to make an announcement. There will be a meeting of the Executive Committee following this meeting, in which Dr. Olin Owen will be appointed as Chairman of the Executive Committee.

DR. WALTER MCFALL: Mr. President, before you beat that gavel, so you won't get your brains beaten out tonight, will you present this lady, who is going to run this organization for the next year, so the members who do not know her will recognize her again.

PRESIDENT WALKER: Thank you, Walter. If my sweetheart and boss will stand up—

(*Mrs. Bernard Walker rose and was applauded.*)

PRESIDENT WALKER: If there is no further business to be brought up before the North Carolina Dental Society at this session, we shall declare the Ninety-Eighth Annual Convention of the North Carolina Dental Society closed.

*(The meeting was adjourned at twelve-thirty o'clock, p.m.)*

The reports of the Entertainment Committee, the Clinic Board of Censors and the Advisory Committee to the American Academy of Pediatrics were not given to the House of Delegates. They are printed here as information.

#### REPORT OF THE ENTERTAINMENT COMMITTEE

Members of the Entertainment Committee appreciate the cooperation of Dr. Neal Sheffield in planning and executing the details of the Banquet Program.

At the request of many, Wood Hayes and His Orchestra appeared for the third consecutive year to play for the dance, with Mr. Hayes playing the Hammond Organ during the dinner hour.

We feel that the Male Chorus of the School of Dentistry under direction of Dr. Sturdevant, with Mrs. Sturdevant at the piano was outstanding, affording many the opportunity of hearing this fine chorus.

The brilliant address of Mr. Robert Lee Humber of Greenville was impressive.

##### The Financial Report

Woody Hayes and His Orchestra, Raleigh	\$155.00
Favors	117.00
Programs—Shepard Brothers	65.91
Tips	14.00
	<hr/>
	351.91

Grady Ross, *Chairman*

#### REPORT OF THE CLINIC BOARD OF CENSORS

The Committee felt that the three most interesting table clinics were: "Basic Principle in Endodontics" by Luther T. Butler, Greensboro; "Practical Space Maintenance" by Freeman C. Slaughter, Kannapolis; and "Prosthetic Occlusal Pattern" by P. W. Vinton and T. A. Blum, Chapel Hill.

Guy Willis, *Chairman*

REPORT OF THE ADVISORY COMMITTEE  
TO  
THE AMERICAN ACADEMY OF PEDIATRICS

The Committee's project for the year was to attempt to organize a North Carolina Unit of the American Society of Dentistry for Children to promote more and better dentistry for the children of North Carolina.

The American Society of Dentistry for Children is a national organization composed of some 5000 members of the American Dental Association. It is necessary to have 20 members in a state to organize a State Unit. Thirty-two states have such units.

A meeting was called by the Committee at 2:00 p.m., May 18, 1954, in the Dutch Room of the Carolina Hotel. Sixty-five members of the North Carolina State Dental Society were present and expressed a desire to become members.

Dr. J. B. Freedland was elected President, Dr. R. A. George, Vice President, and Dr. W. W. Demeritt, Secretary-Treasurer.

A charter was immediately applied for, and Dr. Willard Hunnicutt, President-Elect of the American Society of Dentistry for Children, assured the officers of the North Carolina State Unit that a charter would be granted at the national meeting in Miami in November.

W. W. Demeritt, *Chairman*

## REPORT OF THE BOARD OF DENTAL EXAMINERS

February 13, 1954

To His Excellency  
William B. Umstead  
Governor of North Carolina  
Raleigh, North Carolina  
Dear Sir:

In accordance with the provisions of the Dental Law I wish to hand you herewith a report of the proceedings of the North Carolina State Board of Dental Examiners for the calendar year 1953.

Four meetings of the Board have been held during the year.

The first special meeting was held in Chapel Hill, North Carolina, on January 18, 1953, for the purpose of making a survey of the facilities at the School of Dentistry, University of North Carolina, for the examination to be held beginning Monday, June 22, 1953, and to transact any other business coming before the Board.

All members of the Board were present.

Dean John C. Brauer of the School of Dentistry met with the Board members and conducted them through the Dental School building to show facilities which might be used by the Board. All plans were completed and programs and schedules arranged for the clinical and written examinations to be held in June.

Hotel facilities were not available for the applicants taking the examination in June and arrangements were made with the University to use the dormitories for those who desired rooming there during the week of June 22.

A report was made on Dr. J. Carter Phillips, who had been accused of the excessive use of alcohol. The Board voted to withhold the renewal license of Dr. Phillips until such times as it had proof that Dr. Phillips had discontinued his habits.

All members of the Board were present at the second special meeting which was held on May 19, 1953 at the Carolina Hotel, Pinehurst, N. C.

The matter of Dr. Phillips was again discussed and the Secretary was instructed to write Dr. Phillips that the Board must take action against him unless he had discontinued his habits upon leaving the hospital where he was then a patient. Dr. Phillips has since died and the matter has been dismissed.

The Board voted to employ Mr. Harold K. Bennett of Asheville, North Carolina, as attorney to prosecute Frank Roberts, a laboratory technician, Asheville, North Carolina, for violating the Dental Practice Act by practicing dentistry without a license.

The Secretary was then instructed to notify all State institutions and hospitals which employ dental personnel under the newly amended Dental Law, the procedure to follow in the employment of such personnel.

The Secretary was instructed to investigate the unlawful practice of Dr. H. F. Baity of Mocksville, North Carolina, who had been reported to the Board.

The Board voted to meet Saturday, June 20, 1953, at the Carolina Inn, Chapel Hill, North Carolina, to examine the applications of the applicants for examination to be held beginning Monday, June 22, 1953.

The third meeting was held at Chapel Hill, North Carolina, beginning Saturday night, June 20, 1953, for the purpose of examining applicants for licensure.

One hundred and two applications for the dental examination and thirteen applications for the dental hygiene examination were examined and found in order. The applicants, having complied with the requirements of the North Carolina State Board of Dental Examiners, were permitted to take the examination given by the Board.

Applicants No. 11, (Miss) Clifton Jacquelyn Jackson, Hampton, Virginia; No. 14, Samuel Harold Segal, Philadelphia, Pennsylvania; No. 20, George Elmer Hartley, Jr., Atlanta, Georgia; No. 25, John A. Crowley, Wilmington, North Carolina; No. 96, James Lester Tritle, Brookings,

South Dakota; No. 98, William Edgar Salter, Jr., Columbia, South Carolina; and No. 7-H, Joyce O'Grady Niven, Chelmsford, Mass., failed to present for the examination. Applicant No. 103, George William Wilson, Jr., Louisville, Kentucky, withdrew application.

A request from Barium Springs Orphanage to allow unlicensed dental personnel to work in that institution was read. The Secretary was authorized to write the institution stating that the Board had no authority under the Law to grant such employment.

The Board voted to have copies of the Dental Law printed and send a copy to each licensed dentist in the State as soon as it can be taken from the 1953 Statute Book. It also voted to include in the back of this booklet the rules and regulations of the Board of Dental Examiners.

The Secretary was instructed to write Dean John C. Brauer a letter of appreciation for the fine cooperation given by him and the staff at the Dental School during the examinations.

The following officers were elected for the ensuing year:

Dr. A. T. Jennette, President

Dr. Frank O. Alford, Secretary-Treasurer

To the House of Delegates of the North Carolina Dental Society:

Dr. Cleon W. Sanders

Dr. Darden J. Eure

Delegates to the American Association of Dental Examiners:

Dr. Frank O. Alford

Dr. A. T. Jennette

The Board voted to meet Saturday, July 18, 1953, at the Sir Walter Hotel, Raleigh, North Carolina, for the purpose of canvassing the grades of the applicants on the examination given beginning June 22, 1953.

The fourth meeting was held at the Sir Walter Hotel, Raleigh, North Carolina, on July 18, 1953.

All members of the Board were present.

Dr. E. A. Branch of the State Board of Health appeared before the Board to formulate some plan for employment of personnel to work in his Department under the limited license which was granted by the 1953 Legislature.

The Board agreed to require all applicants for employment by the State Board of Health or other institutions under the above provisions to make application for examination for licensure before applicant could be approved for employment.

The results of the tabulation of the grades of the examination given beginning June 22, 1953, in Chapel Hill, North Carolina, revealed the following applicants for dental licensure, having made an average grade of 80 or more, were issued license to practice dentistry in North Carolina.

Name	Address	License No.
Marion Fries Dick	Blairs, Va.	2204
David Eugene Cook	Whiteville, N.C.	2205
Jacob Oliver Thorpe	Charlotte, N.C.	2206
Edward Gerock Beyette	Ahoskie, N.C.	2207
William Kerr Kelley	Indianapolis, Ind.	2208
Thomas Darius Williams	Orlando, Florida	2209
Walter Rhea Grimsley	Troy, N.C.	2210
Dan Ashford Lindsay	Greenville, Miss.	2211
Charles Alexander Jarrett	Charlotte, N. C.	2212
James Lynwood Turner	Rocky Mount, N. C.	2213
Franklin Gasque Mason	Mullins, S.C.	2214
John Everett Penny	Waynesville, N.C.	2215
Roscoe Harold Turlington	Clinton, N.C.	2216
Bertie Maynard Brannan, Jr.	Smithfield, N.C.	2217
Melvin Leslie Butterworth, Jr.	Charleston, S.C.	2218
Irvin Ward Mohr	Durham, N.C.	2219
Robert Mellinger Nelson	Chapel Hill, N.C.	2220
Warren Hugh Kitts	Raleigh, N.C.	2221
William Eugene Ryon, III	Asheville, N.C.	2222

William Fisher McBrayer	Rutherfordton, N.C.	2223
L. Bodine Higley	Iowa City, Iowa	2224
Nathan Price Baker	Charleston, West Va.	2225
Norman James Duncan	Chapel Hill, N.C.	2226
Robert Kenneth Ransom	Louisville, Ky.	2227
John Wilfred Gallagher	Chapel Hill, N.C.	2228
John Pride Stinson	Wilmington, N.C.	2229
William White McDowell	Morganton, N.C.	2230
William Wellesley Demeritt	Pittsboro, N.C.	2231
Thomas Guy Ratton	St. Louis, Mo.	2232
Frank Lee Shuford, Jr.	Hickory, N. C.	2233
Samuel Douglass Bryan	New Bern, N.C.	2234
John Edward Payne	Clayton, N.C.	2235
Grover Wilson Smith	Kinston, N.C.	2236
Camel Robert Vandervoort	Aberdeen, N.C.	2237
Mendal James Luce	Lake Alfred, Fla.	2238
Sherrod Lewis Bumgardner	Columbia, S. C.	2239
Thomas Austin Whicker	N. Wilkesboro, N.C.	2240
Clifton Earl Crandell	Stokes, N. C.	2241
Walter Logan Armstrong, Jr.	Belmont, N.C.	2242
Ledyard Elree Ross	Greenville, N.C.	2243
Vance Lee Crouse	Memphis, Tenn.	2244
Burrell Edmont Kanoy	Durham, N.C.	2245
Robert Raymond Morrison, Jr.	Raleigh, N.C.	2246
Robert Walker Hunt	Raleigh, N.C.	2247
Benjamin Edwin Hampton	Barnesville, Ga.	2248
William Edward Kidd	Roanoke Rapids, N.C.	2249
James Benjamin King, Jr.	Louisburg, N. C.	2250
William Frankel Grimes	Hope Mills, N.C.	2251
James Jarratt Pryor, Jr.	Augusta, Ga.	2252
Percy Frank Walters	Monroe, N.C.	2253
Frank Woodfin Hoyle	Asheville, N.C.	2254
Charles Burkhead Ledbetter	Raleigh, N.C.	2255
Roy Robert Sappington, Jr.	Fayetteville, N.C.	2256
Geo. Leo Vick	Norfolk, Va.	2257
Edward Lafayette Griffin	Atlanta, Ga.	2258
Thomas Horton Harris	Siler City, N.C.	2259
Charles William Dobson	Nebo, N.C.	2260
William Rippey Lynch	Erwin, N.C.	2261
Glenn Wesley McCall	Forest City, N.C.	2262
George Albert Haltiwanger	Hamlet, N.C.	2263
John Wilson Tucker	Birmingham, Ala.	2264
Ralph Maynard Williams	Elizabethton, Tenn.	2265
Leland Clifford Horton	Wendell, N.C.	2266
Julian Little Kelley, Jr.	Reidsville, N.C.	2267
Frank Amis Millians, Jr.	Atlanta, Ga.	2268
Joseph M. Goldwasser	Grifton, N.C.	2269
Frederick Clyde Shaw	Harmony, N.C.	2270

The following applicants for dental hygiene license, having made an average of 80 or more, were issued license to practice dental hygiene in North Carolina:

Name	Address	License No.
Helen Grubb Cosson	Knoxville, Tenn.	47
Margaret Rose Shelay	Gastonia, N.C.	48
Anita Jean Blackwell	Tryon, N.C.	49
Nancy Anne Larsen	Hendersonville, N.C.	50
Alice Grace Sumrell	Ayden, N.C.	51
Mary Elizabeth Herring	Charlotte, N.C.	52
Margery Ann Gordon Cordts	New Bern, N.C.	53
Patricia Ann Harris	Gastonia, N.C.	54

Alberta M. Beat	Chapel Hill, N.C.	55
Sally Ann Ritche Brannan	Smithfield, N.C.	56
Eleanor Ann Forbes	Jacksonville, Fla.	57
Beverly Joan Bird Hayden	Wayne, Mich.	58

The following applicants, having made an average grade of less than 80, were declared to have failed the examination.

Name	Address
John Leonard Lilly	Suffolk, Va.
Richard Plant	Madison, Fla.
Barrington A. Bennett	Brooklyn, N.Y.
John Edward Murray	LeRoy, N.Y.
Anton John Hejl, Jr.,	Chagrin Falls, Ohio
James Worden Yancey	Danville, Va.
Felix Neri, Jr.	Biltmore, N.C.
Henry Perry Lamb, Jr.	Hampton, Va.
Basil O. Yost	Portsmouth, Va.
Kenneth Lee Frame	Memphis, Tenn.
Bazil Theo Geckler	Chicago, Ill.
Jack Hutton, Jr.	Louisville, Ky.
Sydnor Lorenzo Stealey, Jr.	Wake Forest, N.C.
James Harvey Cann, Jr.	Orlando, Fla.
William Curran Day	Richmond, Va.
Norman Joseph Holly	Lynfield, Mass.
Ramiro R. Cardenas	Mocksville, N. C.
Ben Howard Williams	Butner, N. C.
Stewart Charles Scott	Willow Run, Mich.
William Robinson Bagby	Dyersburg, Tenn.
John Sanders Pike	Moreland, Ga.
Tom Brown Brown	Kingsport, Tenn.
Dewey Franklin Nye, Jr.	Myrtle Beach, S.C.
James Richard Childress	Laurens, S.C.
Gilbert Jay Kringstein	Fort Bragg, N.C.
Charles Clifford Adams	Louisville, Ky.
James Dan Reasor	Big Stone Gap, Va.
Stanley H. Miller	New York, N.Y.

The Board has under investigation by employed detectives two cases of violation at present and one restraining order against one Frank Roberts of Asheville, North Carolina.

I am enclosing herewith a financial statement as of January 1, 1953 to December 31, 1953, which was compiled by a Certified Public Accountant.

Respectfully submitted,  
 Frank O. Alford, Secretary-Treasurer  
 N.C. STATE BOARD OF DENTAL EXAMINERS

Personnel of the Board:  
 Dr. A. T. Jennette, President  
 Dr. Frank O. Alford, Secretary-Treasurer  
 Dr. E. M. Medlin  
 Dr. Cleon W. Sanders  
 Dr. Wm. M. Matheson  
 Dr. Darden J. Eure

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS  
AUDIT REPORT, JANUARY 1, 1953 TO DECEMBER 31, 1953

GEORGE E. DOMBHART, C.P.A.

Commercial Bank Building

Charlotte, N. C.

February 3, 1954

Dr. A. T. Jennett, President  
North Carolina State Board of Dental Examiners  
Washington, N.C.

Dear Sir:

We have examined the Balance Sheet of the North Carolina State Board of Dental Examiners as of December 31, 1953 and the related statement of cash receipts and disbursements for the year ended that date, and have examined and tested accounting records and other supporting evidence, by methods and to the extent we deemed appropriate. Our examination was made in accordance with generally accepted auditing standards applicable in the circumstances and included all procedures which we considered necessary.

"In our opinion, the accompanying Balance Sheet of North Carolina State Board of Dental Examiners and the related statement of cash receipts and disbursements, present fairly the financial position at December 31, 1953, and the result of its financial operations for the year, in conformity with generally accepted accounting principles applied on a consistent basis.

"The following is an index of the Exhibits and Schedules contained herein:

- "EXHIBIT A      Balance Sheet as at December 31, 1953.
- "EXHIBIT B      Cash Receipts and disbursements for the year ended December 31, 1953.
- "Schedule A-1    Reconciliation of Cash—December 31, 1953.
- "Schedule B-1    Examination and Clinic Expenses for the year ended December 31, 1953.
- "Schedule B-2    Per Diem and Travel Expenses for the year ended December 31, 1953.

Respectfully submitted,  
GEORGE E. DOMBHART, CPA

NORTH CAROLINA STATE BOARD OF      Exhibit A  
DENTAL EXAMINERS  
DR. FRANK O. ALFORD, SECRETARY-TREASURER  
BALANCE SHEET  
DECEMBER 31, 1953  
**ASSETS**

**CASH** (Schedule A-1)

On Hand:

In Office

\$    5.00

In Bank:

Union National Bank, Charlotte, N.C.

4,953.45    \$4,958.45

**TOTAL ASSETS**

\$4,958.45

**LIABILITIES AND SURPLUS**

**TOTAL LIABILITIES**

\$    -0-

**SURPLUS**

\$4,958.45

**TOTAL LIABILITIES AND SURPLUS**

\$4,958.45

**CASH RECEIPTS AND DISBURSEMENTS**      Exhibit B  
**YEAR ENDED DECEMBER 31, 1953**

CASH BALANCE AT JANUARY 1, 1953 \$1,695.93

**CASH RECEIPTS DURING YEAR**

1953 Dental Licenses Issued	34	\$ 68.00	
1953 Hygienist Licenses Issued	4	8.00	
1954 Dental Licenses Issued	1108	5,540.00	
1954 Hygienist Licenses Issued	35	70.00	
1953 Examination Fees	113	2,260.00	
1954 Examination Fees	8	240.00	
Sale of Mailing Lists		10.00	
Reinstatement Fees		38.00	
Penalties for Late Application		3.00	
Certificate of Registration		2.00	
Reimbursement—Attorney's Fees (Geo. Pennell)		25.00	8,264.00
<b>TOTAL CASH AVAILABLE</b>			<b>\$9,959.93</b>

**CASH DISBURSEMENTS DURING YEAR**

## Salaries:

Dr. Frank O. Alford, Secretary-Treasurer	\$500.00		
Mrs. Virginia Rochelle, Asst. Secretary	500.00	\$1,000.00	
Per Diem and Travel Expense—			
State Board (Schedule B-2)		1,832.20	
Examination and Clinic Expenses (Schedule B-1)		854.01	
Postage		140.00	
Stationery, printing and office expense		488.26	
Auditing		50.00	
Telephone and Telegraph		352.13	
Dues—American Association of Dental Examiners		55.00	
Special Board Meeting—Room and Meals		47.08	
Carolina Detective Service—Investigation Expense		100.00	
Equipment—Two file cabinets		102.80	5,001.48

CASH BALANCE AT DECEMBER 31, 1953:

Bank Balance	\$4,953.45	
Cash on Hand	5.00	\$4,958.45

**RECONCILIATION OF CASH**  
**DECEMBER 31, 1953**

Schedule A-1

**CASH ON HAND**

In Office	\$ 5.00
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**CASH IN BANK**

Union National Bank—Charlotte, N.C.:	
Balance as per Bank Statement	\$6,262.54
Less—Outstanding Checks:	

**NUMBER AMOUNT**

402	\$500.00	
403	500.00	
404	100.00	
405	21.97	
406	43.13	
407	49.95	
408	41.19	
409	52.85	
	1,309.09	4,953.45

**TOTAL CASH AS SHOWN BY EXHIBIT A**

**\$4,958.45**

EXAMINATION AND CLINIC EXPENSES Schedule B-1  
YEAR ENDED DECEMBER 31, 1953

Rooms, Meals and Incidentals for Board Members	\$340.88
Secretarial Work and Expense	75.38
Laundry Service	22.56
Janitorial Service	13.50
Advertising for Free Clinic and Notices of Meeting	135.11
Dental Supplies	84.87
Printing	41.32
Models for Clinic	43.50
Room and Meals—Grading Applicants	96.89
<b>TOTAL AS SHOWN BY EXHIBIT B</b>	<u>854.01</u>

PER DIEM AND TRAVEL EXPENSE Schedule B-2  
YEAR ENDED DECEMBER 31, 1953

Dr. Frank O. Alford:		
Per Diem	\$260.00	
Hotel	12.00	
Travel	92.70	
Meals	15.50	
Printing Questions for Examination	7.00	\$ 387.20
Dr. W. M. Matheson:		
Per Diem	220.00	
Travel	76.00	
Meals	5.50	
Printing Questions for Examination	7.00	308.50
Dr. Cleon W. Sanders:		
Per Diem	220.00	
Travel	20.60	
Meals	5.50	
Printing Questions for Examination	7.00	253.10
Dr. E. M. Medlin:		
Per Diem	220.00	
Travel	29.00	
Meals	5.50	
Printing Questions for Examination	7.00	261.50
Dr. A. T. Jennette:		
Per Diem	240.00	
Travel	70.00	
Meals	2.00	
Printing Questions for Examination	7.00	319.00
Dr. Darden J. Eure:		
Per Diem	220.00	
Travel	70.40	
Meals	5.50	
Printing Questions for Examination	7.00	302.90
<b>TOTAL PER DIEM AND TRAVEL EXPENSE AS SHOWN BY EXHIBIT B</b>		<u>\$1,832.20</u>

AUDITOR'S REPORT  
REPORT OF EXAMINATION OF BOOKS OF  
NORTH CAROLINA DENTAL SOCIETY

May 31, 1953—May 31, 1954

Morganton, North Carolina  
June 22, 1954

North Carolina Dental Society  
The Officers and Directors  
Morganton, North Carolina

Gentlemen:

I have examined the books and vouchers of the North Carolina Dental Society for the fiscal year ended May 31, 1954. My report is submitted herewith consisting of the following Exhibits and Schedules together with my comments hereon:

Exhibit A—	Balance Sheet
Exhibit B—	Statement of Receipts and Disbursements
Schedule 1—	Bank Reconciliation
Schedule 2—	1954 Meeting Expense
Schedule 3—	Bonds Held

I confirmed cash in bank with the depository and physically examined the bonds. Receipts were traced into the bank. Cancelled checks and paid bills were examined and found to be in order.

My examination was confined to the records kept by the Secretary-Treasurer. Membership records and unpaid bills were not submitted to me for examination.

Since the records are maintained on a cash rather than an accrual basis, members' arrears and liabilities, if any, are not included in the balance sheet.

Respectfully submitted,  
Graham S. DeVane

Morganton, North Carolina  
June 22, 1954

The Officers and Directors  
North Carolina Dental Society  
Morganton, North Carolina

Gentlemen:

I have examined the records of the North Carolina Dental Relief Fund for the fiscal year ended May 31, 1954.

Following is a statement of receipts and disbursements:

Bank balance May 30, 1953		\$1,223.71
Receipts—		
ADA Share Christmas Seal Receipts	\$ 681.07	
Sale of Scrap	1,823.52	
Refund on Bonds	4.00	
Appropriation from General Fund	<u>1,000.00</u>	3,508.59
		<u>\$4,732.30</u>
Disbursements—		
ADA Special Relief Fund	\$ 1,785.00	
Bank Charges	<u>3.95</u>	1,788.95
Bank Balance May 31, 1954		<u>\$2,943.35</u>

The assets of the fund at May 31, 1954, were as follows, there being no record of any liabilities:

Cash on Deposit (Schedule 4)	\$ 2,943.35
U. S. Treasury Bonds — Series F	
Maturity \$13,575.00 — Cost (Sch. 5)	<u>10,045.50</u>
Total Assets	<u><u>\$12,988.85</u></u>

Cash in bank was confined with the depository. The bonds were physically examined; the supporting detail is presented in a schedule in this report.

Respectfully submitted,  
Graham S. DeVane, CPA

Exhibit A      NORTH CAROLINA DENTAL SOCIETY  
Morganton, North Carolina

Balance Sheet — General Fund

May 31, 1954

*Assets*

Cash in Bank — Schedule 1	\$ 5,356.28
U. S. Treasury Bonds — Schedule 3 — at cost	<u>9,620.00</u>
Total Assets	<u><u>\$14,976.28</u></u>

*Liabilities*

Net Worth	<u><u>\$14,976.28</u></u>
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Exhibit B      Statement of Receipts and Disbursements  
For the Year Ended May 31, 1954

Bank Balance June 1, 1953	\$ 6,457.26
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*Receipts*

Membership Dues	Active	Life	Total
District 1	\$ 5,228.00	\$ 354.00	\$ 5,582.00
District 2	5,854.00	647.00	6,501.00
District 3	4,644.00	527.00	5,171.00
District 4	3,239.00	607.00	3,846.00
District 5	<u>3,337.00</u>	<u>740.00</u>	<u>4,077.00</u>
	<u><u>\$22,302.00</u></u>	<u><u>\$2,875.00</u></u>	<u><u>\$25,177.00</u></u>

Relief Contributions to American Dental Association

District 1	\$ 200.00	
District 2	232.00	
District 3	188.00	
District 4	149.00	
District 5	<u>152.00</u>	921.00
Sale of Exhibit Space — 1954 Meeting		3,500.00
Refunds		<u>45.32</u>
Total available funds		<u><u>\$29,643.32</u></u>
		\$36,100.58

*Disbursements*

American Dental Assn.—Share of Membership Dues—

Active	\$14,882.00	
Life	2,894.00	
Relief Contribution	<u>921.00</u>	\$18,697.00
Subscription to ADA Jnl.	<u>21.00</u>	<u>\$18,718.00</u>

*Expenses—*

Salary — Editor and Pub.	\$ 500.00
Salary — Sec. & Treas.	250.00
Salaries — Dist. Secs.	125.00
Reporting Service — 1953 Mtg.	471.80
Printing Proceedings—1953 Mtg.	3,351.78
Stationery, Printing and	
Office Expense	1,193.98
Committee Expense	100.00
Appropriation-Dental Relief	1,000.00

Typewriter	185.50	
Audit	95.65	
Bond Premiums	188.50	
Flowers	9.19	
Memorial — Senator Hoey	25.00	
Dental Auxiliary	200.00	
Refunds	7.00	
1954 Mtg. Expense-Schedule	<u>4,322.90</u>	<u>12,026.30</u>
Total Disbursements		30,744.30
Bank Balance May 31, 1954		<u><u>\$ 5,356.28</u></u>

Schedule 1      Bank Reconciliation — General Fund  
May 31, 1954

First National Bank, Morganton, N. C.

Balance per bank statement May 31, 1954		\$8,563.05
Add: Deposit in transit	\$ 75.00	
	<u>306.00</u>	381.00
		<u>\$8,944.05</u>

Less: Outstanding Checks

Number	Payee	Amount
196	N. C. Dental Foundation	\$ 25.00
202	Dr. R. E. Sturdevant	50.00
203	Dr. L. D. Pankey	300.33
204	Dr. H. B. Higgins	25.00
205	Dr. Kenneth Randolph	140.00
210	Dr. Howard Branch	37.83
211	Dr. A. T. Jenette	12.00
212	Dr. M. R. Evans	500.00
213	Dr. C. C. Diercks	25.00
214	Dr. Riley Spoon	25.00
217	Dr. W. T. Burns	25.00
218	Dr. J. E. Swindell	25.00
219	Dr. M. M. Lilly	25.00
220	Art Craft Press	17.70
221	Dr. J. W. Branham	96.65
222	Rev. Charles Covell	25.00
223	Nieman's	75.00
224	Pinehurst, Inc.	1,043.38
225	Shephard Decorating Co.	414.00
226	Dr. C. L. Wells	1.88
227	Servicall, Inc.	18.75
228	Dr. Neal Sheffield	8.25
229	Addressing S. Co.	59.29
230	R. W. Madry	184.80
231	Eckerd's Drugs, Inc.	42.00
232	Shepherd Bros. Inc.	65.91
233	Carolina Cut Rate Drug Co.	75.00
234	Dr. Grady Ross	14.00
235	American Dental Association	80.00
236	American Dental Association	4.00
237	American Dental Association	40.00
238	American Dental Association	2.00
239	American Dental Association	80.00
240	American Dental Association	4.00
241	American Dental Association	20.00
242	American Dental Association	<u>1.00</u>
		3,587.77
Balance per records May 31, 1954		<u><u>\$5,356.28</u></u>

## Schedule 2

1954 Meeting Expense  
For the Year Ended May 31, 1954

Bastian Brothers Co.	Badges	\$ 106.37
Dr. C. T. Wells	Committee Expense	590.05
Dr. R. E. Sturdevant	Music	150.00
Dr. R. E. Sturdevant	Honorarium	50.00
Dr. L. D. Pankey	Honorarium	300.33
Dr. H. B. Higgins	Honorarium	25.00
Dr. Kenneth Randolph	Honorarium	140.00
Rev. Charles Covell	Honorarium	25.00
Woody Hayes	Music	155.00
Mrs. O. E. Longwell	Registration	50.00
Mrs. Vollie Henderson	Registration	50.00
Dr. Howard Branch	Committee Expense	37.83
Dr. A. T. Jennette	Committee Expense	12.00
Art Craft Press	Registration Cards	17.70
Dr. J. W. Branham	Committee Expense	96.65
Nieman's	Memorial Bowl	75.00
Pinehurst Inc.	Accommodations	1,043.33
Shephard Decorating Co.	Decorations	414.00
Dr. C. T. Wells	Telephone	1.88
R. W. Madry	Reporting	184.80
Eckards Drug. Co.	Entertainment	42.00
Shepherd Bros. Inc.	Entertainment	65.91
Carolina Cut Rate Drug Co.	Entertainment	75.00
Dr. Grady Ross	Tips	14.00
Dr. Trapazzano	Honorarium	250.00
Dr. Earle Williams	Honorarium	351.00
Total		<u>\$4,322.90</u>

## Schedule 3

Bonds Held — General Fund  
May 31, 1954

Serial Number	Date Acquired	Cost	Maturity Value	Maturity Date
M 934457 F	July 1944	\$ 740.00	\$ 1,000.00	July 1956
M 1086681 F	July 1944	74.00	100.00	July 1956
M 1086682 F	July 1944	74.00	100.00	July 1956
M 1235516 F	Aug. 1945	740.00	1,000.00	Aug. 1957
M 1476155 F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1476157 F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1476158 F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1476159 F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1476160 F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1476161 F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1476162 F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1476163 F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1476164 F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 42475 J	Jan. 1954	740.00	1,000.00	Jan. 1966
D 18387 J	Jan. 1954	370.00	500.00	Jan. 1966
C 40545 J	Jan. 1954	74.00	100.00	Jan. 1966
C 40546 J	Jan. 1954	74.00	100.00	Jan. 1966
C 40547 J	Jan. 1954	74.00	100.00	Jan. 1966
Totals		<u>\$9,620.00</u>	<u>\$13,000.00</u>	

## Bonds Held — Relief Fund

Serial Number	Date Acquired	Cost	Maturity Value	Maturity Date
M 421948 F	Nov. 1942	\$ 740.00	\$ 1,000.00	Nov. 1954
M 661617 F	Aug. 1943	740.00	1,000.00	Aug. 1955
Q 342930 F	May 1943	18.50	25.00	May 1955
M 934067 F	July 1944	740.00	1,000.00	July 1956
M 1338950 F	Oct. 1946	740.00	1,000.00	Oct. 1958
M 1476164 F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1686901 F	Aug. 1950	740.00	1,000.00	Aug. 1962
M 1686902 F	Aug. 1950	740.00	1,000.00	Aug. 1962
M 1686903 F	Aug. 1950	740.00	1,000.00	Aug. 1962
V 11338 J	Jan. 1954	3,700.00	5,000.00	Jan. 1966
D 18386 J	Jan. 1954	370.00	500.00	Jan. 1966
Q 17164 J	Jan. 1954	18.50	25.00	Jan. 1966
Q 17165 J	Jan. 1954	18.50	25.00	Jan. 1966
Totals		<u>\$10,045.50</u>	<u>\$13,575.00</u>	

Bank Reconciliation — Relief Fund  
May 31, 1954

First National Bank, Morganton, North Carolina

Balance per bank statement May 31, 1954

\$1,270.31

Add: Deposit in transit

1,673.04

\$2,943.35

Less: Outstanding checks

None

Balance per records May 31, 1954

\$2,943.35

MINUTES OF THE EXECUTIVE COMMITTEE OF THE  
NORTH CAROLINA DENTAL SOCIETY  
CAROLINA HOTEL - PINEHURST, N. C.

MAY 20, 1953

Immediately following the close of the Ninety-Seventh Annual Meeting of the North Carolina Dental Society a meeting of the new Executive Committee of the Society was held. Those present were:

Dr. C. C. Poindexter, Chairman  
Dr. Paul Fitzgerald, Sr.  
Dr. Neal Sheffield, President  
Dr. B. N. Walker, President-Elect  
Dr. W. H. Breeland, Vice-President  
Dr. Ralph D. Coffey, Secretary-Treasurer

Others present were:

Dr. Marvin Evans, Editor-Publisher  
Dr. C. H. Teague, Program Chairman  
Dr. Paul Jones, President, N. C. Dental Foundation

Dr. Paul Fitzgerald moved that the minutes of the last meeting not be read at this meeting.

Dr. B. N. Walker gave a report of the outstanding bills of the Annual Meeting. He moved that they all be paid after the retiring President, Dr. A. C. Current, makes a proper inspection and authorization by signature. The motion was seconded by Dr. Fitzgerald and passed. The Treasurer was authorized to pay the Editor-Publisher, District Secretaries, and the Secretary-Treasurer their annual salaries, also authorized that Congressman Charles A. Jonas be paid \$200 and Dr. J. E. John be paid \$25 and hotel expenses.

Dr. Paul Jones, President of the Dental Foundation of North Carolina, was recognized and requested that the Annual Report of the Foundation be submitted to the Editor-Publisher and that he include this report in the JOURNAL of the North Carolina Society Proceedings of the Ninety-Seventh Annual Meeting. Dr. Walker moved that this report be submitted. The motion was passed unanimously.

Dr. Marvin Evans was congratulated on the fine work that he had done as Editor-Publisher of the JOURNAL. Dr. Walker moved that the Secretary be instructed to write both Dr. Evans and Mrs. Evans expressing the appreciation of the North Carolina Dental Society for the service that they have rendered. This motion was seconded by Dr. Breeland and passed unanimously.

Dr. Paul Fitzgerald made a motion that Dr. Evans be reappointed as Editor-Publisher. This was seconded by Dr. Sheffield and passed unanimously.

Dr. Marvin Evans was recognized and asked for instructions regarding the publication of issues of controversial nature. The Executive Committee instructed Dr. Evans to use no "controversial matter in our publications."

Dr. Walker made a motion that Dr. A. C. Current, the retiring President, be allowed to present a list of those whom he wanted made honorary members of this Society and that they be mailed certificates by the Secretary. Dr. Fitzgerald seconded the motion and it was passed.

Dr. C. H. Teague, Program Chairman, discussed the program for the Ninety-Eighth Annual Meeting. A meeting of the Program Committee was to be held in June and a report of this meeting be given the Executive Committee at their meeting in July.

Dr. Fitzgerald moved that the Secretary be instructed to employ a stenotypist for the Ninety-Eighth Annual Meeting. Dr. Walker seconded the motion and it was passed.

Dr. Walker was instructed to close his books after the expenses of the Ninety-Seventh Meeting had been paid. They are then to be sent to the auditor, Mr. Rice, for inspection and audit before they are given to the newly elected Secretary-Treasurer.

Dr. Paul Fitzgerald moved that Dr. A. C. Current be recommended to the Governor for reappointment to the State Board of Health. The Secretary was instructed to write this letter.

Dr. Walker was instructed to have stationery printed for all officers and any committees which requested it.

Drs. Sheffield, Walker, and Coffey were instructed to meet with Mr. Fitzgibbon, Manager of the Carolina Hotel, and arrange dates for the Ninety-Eighth Annual Meeting.

Dr. Walker reported that he had proper certificates printed for the Past Presidents.

Dr. Paul Fitzgerald moved that a committee composed of two men from each of the five districts be appointed by the President to start immediate arrangements for the One Hundredth meeting of the North Carolina Dental Society. This motion was seconded by Dr. Walker and passed unanimously.

Dr. Walker moved that the Secretary be named as Co-ordinator on the Program Committee. This was seconded by Dr. Fitzgerald and passed.

The next meeting of the Executive Committee will be held Sunday, July 12, at O. Henry Hotel, Greensboro, at 11:00 A. M. Dr. C. H. Teague to make arrangements.

There being no further business the meeting was adjourned.

Respectfully submitted,

Ralph D. Coffey, Secretary-Treasurer  
North Carolina Dental Society

#### MINUTES OF THE EXECUTIVE COMMITTEE MEETING OF THE NORTH CAROLINA DENTAL SOCIETY

O. HENRY HOTEL, GREENSBORO, N. C.

Sunday, July 12, 1953

The Executive Committee met at 11:00 a. m. with members of the Program, Clinic, Insurance, Relief, Publications, Exhibits, Council on Dental Health, Entertainment of Out-of-State Visitors, Arrangements, Entertainment, Public Relations, and Fluoridation, Education for Dental Assistants, Industrial Commission, Advisory Committee to Dental Hygienists Association, Committees, and the Editor-Publisher, to make plans for the next Annual Meeting of the North Carolina Dental Society to be held at Pinehurst, May 16-19, 1954.

Members of the Executive Committee present were:

C. C. Poindexter, Chairman

Neal Sheffield, President, N.C.D.S.

B. N. Walker, President-Elect, N.C.D.S.

Ralph Coffey, Secretary-Treasurer, N.C.D.S.

Paul Fitzgerald, Sr.

I. R. Self

Others present were:

W. H. Breeland, Vice-President, N.C.D.S.

Marvin Evans, Editor-Publisher, Journal

Alex Pearson

W. T. Burns

J. M. Fleming

E. A. Branch

S. P. Gay

C. T. Wells

J. R. Edwards

J. C. Brauer

S. B. Towler

Royster Chamblee

J. W. Branham

P. B. Wittington, Jr.

T. E. Sikes, Jr.

Coyte Minges

Howard Branch

Walter Clark

Frank Kirk

Claude Parks

The meeting was called to order by the President, Dr. Sheffield, and Dr. J. S. Betts gave the Invocation.

The Program Committee was asked to convene separately so they could make plans and report later.

Dr. J. R. Edwards, Chairman of the Insurance Committee, reported that several members in the Fifth District were disturbed regarding the increase in premiums in our group insurance. Much correspondence was read concerning this, from members, to Dr. Edwards and Dr. Sheffield, and to the insurance company, the inference being that the cost of the increased premiums was the only reason that certain of our members had dropped their policies, and that the insurance company, while it regretted raising the policy premiums, found it necessary to do so to stay in business. The insurance company also assured that they would continue serving the Society and that any member who had dropped this policy could be reinstated.

Dr. Evans reported that both the Proceedings and September's issue of the Journal would go to press within the coming week.

Dr. Wells, Chairman of Exhibits, reported that work by his Committee would start the first of the year for the coming meeting.

Dr. Paul Fitzgerald, Sr., Chairman of Dental Relief, reported that one application was pending at this time.

Dr. E. A. Branch reported that he had been asked to prepare some

articles for publication. These have been prepared and will be published at the time when they will be most effective.

Dr. Branham, Chairman of Out-of-State Visitors Entertainment, reported that information and plans were being gathered for the coming year.

Dr. Royster Chamblee, Chairman of Arrangements Committee, asked for discussion of the duties of this Committee. It was the opinion of the assembled group that the Arrangements Committee should serve as a coordinating body for all the committees responsible for the Program, Clinic, Entertainment, and the like, for the Pinehurst meeting.

Dr. J. C. Brauer, Chairman of Public Relations and Fluoridation Committee, reported that he had contacted each district chairman with regard to suggestions for the work of the Committee for the coming year. The ADA has printed information regarding fluoridation.

In the phase of the work under Public Relations, Dr. Brauer reported that a meeting for discussion concerning Public Relations was held in Goldsboro with the dentists, civic clubs, representatives from the press, and physicians present.

Another phase of Public Relations reported was that the Ladies' Auxiliary is planning as one of its major objectives of the year a Vocational Guidance Program relative to dentistry and dental hygiene as professions, among the young men and women in the high schools and junior colleges in the state. The Auxiliary will carry out the program through the vocational guidance teachers and principals in these schools.

Dr. Brauer stressed that he would like to see this program of "Dentistry as a Career" emphasized in all component parts of the Society, even down to the city level. This is necessary if the young people who want to study dentistry are to be well informed as to what will be expected of them by Selective Service, the National Aptitude Test Board, and the colleges.

In the absence of Dr. John Pharr, Chairman of Education for Dental Assistants, Dr. John C. Brauer, a member of this Committee, reported that a correspondence study course under the direction of the Extension Service of the University of North Carolina will be made available to all dental assistants. About thirty assignments are being prepared by the faculty of the School of Dentistry. These will be referred to the Committee for the Education of the Dental Assistants, for approval. Three assignments are now ready to go out. The others will be completed by this fall. It is possible that this course may become nationwide which will reflect great honor on this Society.

Dr. S. B. Towler, Chairman of the Industrial Commission Committee, reported that his Committee had met with the Industrial Commission. The following members were present in Raleigh at the meeting: Drs. Poindexter, Sheffield, Coffey, Branch, and Towler. The Commission members were Chairman Frank Huskins, Mr. Beam, and Mr. Scott. The old fee schedule was compared with the fee schedule of the Veterans Administration. The Commission approved an increase of fees comparable to the V.A. schedule. This, however, is not final because all fees are being reviewed. The Committee feels that the fees and relationship with the Commission will be much better for the participating dentists

under this program. Each member of the Society will get a copy of this new schedule as soon as they are available.

Dr. C. H. Teague, Chairman of Program Committee, was recognized at this time. Dr. Teague reported that his Committee had agreed on subjects, clinicians, and essayists. The subjects as presented by the Committee, were approved. Selection of clinicians and essayists was left entirely with the Program Committee.

The meeting adjourned for lunch in the hotel.

The Executive Committee met at two p. m. The following members were present:

C. C. Poindexter, Chairman

Neal Sheffield

B. N. Walker

Ralph Coffey

Paul Fitzgerald, Sr.

I. R. Self

W. H. Breeland

Others present were:

Marvin Evans

Paul Fitzgerald, Jr.

T. E. Sikes, Jr.

The meeting was called to order by the Chairman, Dr. C. C. Poindexter.

The minutes of the last meeting were read and approved.

The Chairman asked the Secretary for a report of the meeting of the Committee appointed by Dr. Sheffield that met with the Health Affairs Committee in Chapel Hill, July 10, to discuss the intramural practice. After the report was made, a motion was made by Dr. B. N. Walker that the Secretary be instructed to write Major L. P. McLendon, Chairman of the Health Affairs Committee, a letter expressing the appreciation of the Executive Committee for the courtesies extended this group at the meeting in Chapel Hill, also advising him that this Committee was acting for the North Carolina Dental Society by official action as taken at the Annual Meeting in May 1953, and that the prepared paper as read by Dr. A. C. Current was his personal opinion and not the sentiment of the North Carolina Dental Society. He further moved that the Secretary send copies of the letter to all parties concerned. This motion was seconded by Dr. Fitzgerald, and passed.

Dr. Poindexter asked for discussion regarding plaques for all Past Presidents. Dr. Fitzgerald made motion that a parchment scroll be prepared for each Past President. This was seconded by Dr. Self and passed. The Chairman of this Committee is to carry out this work.

Dr. Sheffield was recognized and discussed the Dental Assistants' request to come before the Executive Committee. They were in session at the Hotel and told that they would be heard later. Dr. Sheffield and Dr. Teague asked the Executive Committee for advice regarding the program and time of the different clinics and essayists, and also the conflict with the Dental Assistants and Dental Hygienists regarding clinic space and housing. In view of the fact that they are separate organizations, the Executive Committee feels that they should have the privilege of meeting when and where they so desire.

The Chairman asked for a ruling regarding the Editor printing the paper as read by Dr. Current in Chapel Hill, July 10. Also a request to print a letter from Dr. Peterson to Dr. Brauer regarding intramural practice. A motion was made by Dr. Fitzgerald and seconded by Dr. Self that they not be printed was passed.

Dr. B. N. Walker reported that the auditor had prepared a report of the audit of the books and that he had turned over to the Secretary-Treasurer this amount plus an additional \$34.32, a refund from the Carolina Hotel. Dr. Walker discussed the finances as they were reported by the auditor.

Dr. Teague was recognized and discussed his appropriation for the Annual Meeting. A motion was made by Dr. Fitzgerald and seconded by Dr. Self that \$2000 be made available to the Program Committee for the 1954 meeting. This was passed.

Dr. Fitzgerald was recognized and discussed the Dental Relief Program. He reviewed the financial standing of the Committee. He reported that two men were on relief and that it was possible that one other man would be put on. This year approximately \$150.00 in scrap amalgam was collected at the meeting in Pinehurst. Some way to remind the dentists of this program should be made in order to have each man collect his scrap alloy throughout the year and bring it to the Annual Meeting. In view of the fact that we will have to have more money for this program, Dr. Fitzgerald made a motion that he be authorized to have little boxes made up with a message to the doctor on each box explaining the work of this Committee and have this signed by the President of the Dental Auxiliary. This was seconded by Dr. Walker and passed.

A motion was made by Dr. Fitzgerald that the Secretary start work on a new directory. This was seconded by Dr. Walker and passed.

The Executive Committee instructed Dr. Marvin Evans, Editor-Publisher, that he could publish the report of the Advisory Committee to the University of North Carolina in the official Proceedings.

Dr. Sheffield presented a letter from the Aetna Insurance Company explaining their rates. Dr. Fitzgerald made a motion that this letter be published in the Journal. This was seconded by Dr. Self and passed.

The members of the Dental Assistants Association were asked to come in and present the business to the Committee. This was relative to the date and time of meeting. The Executive Committee stated that they thought since they were a separate organization that it was their privilege to meet at any time and place they so desired. The Committee expressed the opinion that they feel free to call upon any of the standing committees of the North Carolina Dental Society at any time they felt they could be of help to them.

On motion of Dr. Fitzgerald, the meeting was adjourned.

The next regular meeting would be held October 26, in Raleigh.

Respectfully submitted,  
Ralph Coffey, Secretary-Treasurer

MINUTES OF EXECUTIVE COMMITTEE MEETING OF THE  
NORTH CAROLINA DENTAL SOCIETY  
SIR WALTER HOTEL, RALEIGH, N. C.

OCTOBER 26, 1953

The meeting of the Executive Committee was called to order by Dr. C. C. Poindexter, Chairman, at 8:45 p. m.

Members present were:

C. C. Poindexter

Paul Fitzgerald, Sr.

Neal Sheffield, President, N.C.D.S.

B. N. Walker, President-Elect, N.C.D.S.

Wade Breeland, Vice-President, N.C.D.S.

Ralph Coffey, Secretary-Treasurer, N.C.D.S.

Others present were:

C. H. Teague

Howard Branch

Marvin Evans

E. A. Branch

S. L. Bobbitt

Z. L. Edwards

R. S. Turner

Paul Fitzgerald, Jr.

Minutes of the last meeting were read and approved.

Dr. Neal Sheffield made a report of the letter that had been received from Major L. P. McLendon. This was regarding the Health Affairs Committee at the University of North Carolina, relative to the hearing that was held in July. No action has been taken by the Committee at this time relative to the intramural practice in the School of Dentistry.

Dr. Paul Fitzgerald reviewed the work and needs of the Relief Committee and moved that \$1000 be taken from the general fund and credited to the Relief Fund. This was seconded by Ralph Coffey and passed.

Dr. Coffey asked for instructions as to the disposition of \$4000 in matured bonds in the Relief Fund. Dr. Fitzgerald moved that they be surrendered and reinvested in the same series, 12-year bonds. This was seconded by Dr. Sheffield and passed.

Dr. Paul Fitzgerald reported that he would have boxes prepared for the forthcoming alloy collection. This had been passed on at the July meeting.

Dr. Paul Fitzgerald discussed phases of the Centennial Celebration and the Secretary was instructed to get consent from the Chairman of that Committee to use notations on printed stationery and stickers for letter. This will give much publicity for the 1956 Centennial Committee. Dr. Fitzgerald made the motion that this should be done and Dr. Sheffield seconded the motion.

Dr. Coffey presented a request that the new Directory carry advertising to help defray expenses of the printing. A motion was made by Dr. Fitzgerald that the Directory carry no advertising and that Dr. Evans, Editor-Publisher, prepare and print the new Directory and pay for same with the funds that he has. This was seconded by Dr. Walker and passed unanimously.

Dr. Paul Fitzgerald made a motion that at the conjoint session Sunday night of the Annual Meeting, the Ladies' Auxiliary be allowed, if they so desired, to present their necrology report along with the Society's report. This was seconded by Dr. Sheffield and passed.

Dr. Sheffield discussed the possibility of having ADA Junior members become members of the North Carolina Dental Society. This was discussed at length by all present but no action was taken at this meeting.

Dr. Neal Sheffield discussed the proposed plan of a District Officers' Conference to be held this fall. This was endorsed by the Committee and referred to the President of the Society to arrange.

Dr. Coffey moved that the Fluoridation and Public Relations Committee be given \$100 to carry on the work of this Committee for the year. This was seconded by Dr. Walker and passed.

Dr. Fitzgerald moved that the Housing Committee's bill of \$32.98 be paid. This was seconded by Dr. Sheffield and passed.

Dr. B. N. Walker moved that the Secretary write Mr. William J. Fitzgibbon, Manager of the Carolina Hotel, and arrange for the January meeting of the Executive Committee and the chairmen of the necessary committees regarding the Annual Meeting. The date of January 24 was selected as the most desirable day. This was seconded by Dr. Neal Sheffield and passed.

Dr. Marvin Evans, Editor-Publisher, reported that the Ever-Ready Reporting Service had been employed to report the 1954 meeting.

Dr. C. H. Teague, Chairman of the Program Committee, reviewed the program for the coming Annual Meeting. His report stated that all acceptances were on file and that the program was in line with the appropriation that was made by the Executive Committee.

Dr. Z. L. Edwards, Chairman, Advisory Committee to the School Health Coordinating Service, outlined the work that his Committee had done for the year. The Committee commended the thorough and efficient work that had been done.

On motion of Dr. Coffey and seconded by Dr. Sheffield, the meeting was adjourned.

Respectfully submitted,

Ralph D. Coffey

MINUTES OF JOINT MEETING OF THE EXECUTIVE COMMITTEE OF  
THE NORTH CAROLINA DENTAL SOCIETY  
AND COMMITTEE CHAIRMEN  
CAROLINA HOTEL, PINEHURST, N. C.  
SUNDAY, FEBRUARY 14, 1954

Dr. Neal Sheffield, President of the North Carolina Dental Society, called the meeting to order at 11:00 a. m. Dr. H. R. Chamblee gave the Invocation.

Members present were:

Neal Sheffield, President

B. N. Walker, President-Elect

W. H. Breeland, Vice President

Ralph Coffey, Secretary-Treasurer  
C. C. Poindexter, Chairman, Executive Committee  
Paul Fitzgerald, Sr., Executive Committee  
Marvin Evans, Editor-Publisher  
C. H. Teague, Program Chairman  
Howard Branch, Housing Committee  
E. D. Baker, Publicity Committee  
H. R. Chamblee, Arrangements Committee  
F. O. Alford, Centennial Committee  
Norman Ross, Golf Committee  
C. T. Wells, Exhibits Committee  
L. F. Bumgardner, Clinic Committee  
Z. L. Edwards, School Health Coordination Service  
S. L. Bobbitt, School Health Coordination Service  
W. L. McRae, Necrology Committee  
C. W. Sanders  
T. E. Sikes  
H. V. Murray  
Paul Fitzgerald, Jr.  
A. C. Current, Jr.  
Grover C. Hunter, Jr., Dental Caries Committee  
Miss Lucille Williams  
Miss Emma Mills  
Miss Edna Zedaker  
Miss Mary Benton

Dr. C. H. Teague reported that the program for the Ninety-Eighth Annual Meeting had been completed and was ready to be given to the printers. Dr. Teague reviewed the program, and a change of time for the table clinics was discussed. It was decided that a change from the Tuesday morning session to the afternoon session would be a great help to all and add much to the meeting.

Dr. E. D. Baker reported that the publicity would again be handled by Mr. R. W. Madry of Chapel Hill.

Dr. H. R. Chamblee discussed the arrangements for the meeting. Plans are being made for all committee chairmen to clear through his Committee, in order to save expenses and be assured that all equipment will be on hand for proper use. Dr. Chamblee stated that all Exhibitors should be written a letter of thanks for their participation in our meeting.

Dr. John C. Brauer, Chairman of Public Relations and Fluoridation, was not present. Dr. Sheffield reviewed the work of the Committee, and in particular the television and radio programs that were presented in the state during the Dental Health Week. Plans are being made for this to have a much wider coverage next year.

Dr. C. T. Wells reported that at the present time \$1950 had been collected from exhibitors. This is not the final amount as much space is still to be sold. Dr. Wells reported that no out-of-state laboratories will be sold space. The Coca Cola Company has been contacted and will have a space at the meeting. Dr. Wells reported that he plans to have a greater number of prizes this year than in the past. The Shepard

Decorating Co. have been employed to arrange the exhibitors' space for the meeting.

Dr. Howard Branch reported that the hotel reservation blanks were ready to mail. Dr. Branch discussed the possibility of informing the membership by card of the date the blanks would be mailed. This was referred to the Executive Committee and Dr. Branch was asked to be present at that time.

Dr. Norman Ross stated that the golf tournament would begin Sunday at 12:00 o'clock and would be completed that afternoon and the prizes awarded. No special dinner meeting would be held this year.

Dr. W. L. McRae, Chairman, Necrology Committee, asked those present about the manner in which the Necrology report should be made. Dr. McRae reported that some of the membership wanted all reports read at the meeting on Sunday night. Some men stated a desire that they be filed and printed in the Proceedings as is customary. This was referred to the Executive Committee for specific direction to Dr. McRae.

Dr. L. F. Bumgardner stated that the program as read by Dr. Teague was correct and that the clinics he had procured were listed in the program.

Miss Edna Zedaker, Dental Assistant, and Miss Emma Mills, Hygienist, gave complete details of the meeting plans of these two groups. The programs were read and all phases discussed and coordinated with the program of the North Carolina Dental Society. Dr. Neal Sheffield extended an invitation to all of the members of the two organizations to attend all or any part of the meeting of the Society.

Dr. Homer Guion reported in the absence of Dr. Grady Ross, Chairman, Entertainment Committee. He reported that arrangements are being made with the hotel regarding the menu for the banquet. A request for additional funds was made for the flowers. A discussion as to the entertainment for the banquet was referred to Drs. Sheffield and Ross.

Dr. Sheffield read a letter from Dr. Demeritt, Chairman, Advisory Committee to the American Academy of Pediatrics. Dr. Demeritt expressed a desire to conduct a membership drive among all the members of our Society who are interested in children's dentistry. This was approved by those present and Dr. Demeritt was directed to proceed with his plans.

Dr. Paul Fitzgerald, Chairman of the Relief Committee, reported that his Committee had met with the North Carolina Dental Auxiliary and had discussed plans for the scrap alloy drive, which is being conducted by the Auxiliary under the leadership of Mrs. Ditto as Chairman. The ladies were commended for the fine work that is being done. The Secretary was instructed to write Mrs. Ditto a letter expressing the thanks of the Society for her great work and interest in this worthwhile project. Dr. Fitzgerald further reported that the entire membership would be contacted by letter from his Committee, requesting that all members cooperate with the Auxiliary, and in the event that they were not visited by a member of the Auxiliary's committee, they bring their scrap alloy to the meeting in Pinehurst.

Dr. Grover C. Hunter, Jr., Chairman of the Dental Caries Committee, reported that his Committee had met and prepared a resolution which he read. He informed the group that this report would be presented at the Annual Meeting of the Society, if the prepared resolution was approved by all the members of his Committee.

The meeting was adjourned at 1:00 p. m. and asked to convene in the Dutch Room at 2:00 p. m., at which time the Executive Committee would be in session.

Ralph Coffey  
Secretary-Treasurer

MINUTES OF THE MEETING OF THE EXECUTIVE COMMITTEE  
NORTH CAROLINA DENTAL SOCIETY  
CAROLINA HOTEL, PINEHURST, N. C.

Dr. C. C. Poindexter, Chairman of the Executive Committee, called to order the meeting of the Executive Committee at 2:30 p. m. Chairmen of various committees were present with plans for the Annual Meeting.

Members present were:

C. C. Poindexter, Chairman, Executive Committee  
Paul Fitzgerald, Sr., Executive Committee  
Neal Sheffield, President, N.C.D.S.  
B. N. Walker, President-Elect, N.C.D.S.  
W. H. Breeland, Vice-President, N.C.D.S.  
Ralph Coffey, Secretary-Treasurer, N.C.D.S.

Others present were:

H. R. Chamblee, Chairman, General Arrangements  
F. O. Alford, Chairman, Centennial Committee  
W. L. McRae, Chairman, Necrology Committee  
E. D. Baker, Chairman, Publicity Committee  
Howard Branch, Chairman, Housing Committee  
C. T. Wells, Chairman, Exhibits Committee

Homer Guion, Entertainment Committee, serving for Dr. Grady Ross

Minutes of the last meeting were read by the Secretary, and there being no objections or corrections, the minutes were approved as read.

The Secretary presented a request from Dr. Walter Branham, Chairman of the Out-of-State Entertainment Committee. Dr. Branham requested \$150 for the expenses of his Committee. Dr. Paul Fitzgerald moved that this amount be allowed, which was seconded by Dr. B. N. Walker and passed.

A review of the financial statement was made by the Secretary-Treasurer. Dr. Paul Fitzgerald moved that the action by the Secretary-Treasurer in reinvesting the bonds of the North Carolina Dental Society be approved. This was seconded by Dr. Sheffield and passed.

Dr. Sheffield presented to the Committee the request of Dr. Demeritt to appear on the program and present his membership plan. Dr. Fitzgerald moved that the request be granted. This was seconded by Dr.

Walker and passed. Dr. Teague was asked to work out the time of his place on the program.

Dr. B. N. Walker discussed the problem of housing at the Annual Meeting. He gave a thorough review of the past requests and obligations that the Society has had to its visitors and members. Dr. Paul Fitzgerald moved that the Delegates and Past Presidents be housed in the Carolina. This was seconded by Dr. Sheffield and passed.

Dr. Fitzgerald moved that the reservation blanks be mailed from Pinehurst on Saturday, February 27, and that the membership be notified by card the week before. This was seconded by Dr. Walker and passed.

Dr. B. N. Walker moved that the Secretary-Treasurer make a study of the various bookkeeping systems and submit to the Executive Committee a plan and cost for a new system for the Society. This was seconded by Dr. Fitzgerald and passed.

Dr. Homer Guion presented a request for an appropriation for the use of the Entertainment Committee. Questions were raised as to the kind of entertainment to be had at the banquet. Dr. B. N. Walker moved that the President and the members of the Entertainment Committee work out the plans that they wanted for the banquet. This was seconded by Dr. Fitzgerald and passed. Dr. Sheffield advised the Committee that it was possible we could have the Student Chorus from the School of Dentistry in Chapel Hill. Should this group appear, Dr. Sheffield asked for information and direction from the Executive Committee regarding the amount to pay. Dr. Coffey moved that the Society pay for this entertainment and that Drs. Sheffield and Ross proceed with the arrangements. This was seconded by Dr. Walker and passed.

Dr. Sheffield was recognized at this time. He discussed the man who is to be honored at the banquet. Dr. Walker moved that Drs. Sheffield and Poindexter be authorized to make this selection for the coming meeting. With a second by Dr. Fitzgerald, the motion was carried. Drs. Sheffield and Poindexter were instructed to notify Dr. Evans, Editor-Publisher, of the selection in time for the information to be in the April JOURNAL.

Dr. Z. L. Edwards, Chairman of the School Health Coordinating Service, gave a complete review of the work that he and his Committee have done. This was an interesting report and the Chairman was commended for the thorough study and work of this Committee.

Dr. W. L. McRae discussed the Necrology report that will be given on Sunday night. He asked for instructions as to the type program he was to have. Dr. Paul Fitzgerald moved that the memorials be mentioned by title as was done at the 1953 meeting. This was seconded by Dr. Walker and passed.

Dr. F. O. Alford was recognized, and presented plans for Centennial Celebration. Dr. Alford stated that the committee had plans for this celebration to have one full day on the program. The theme of the entire meeting is being planned to carry out a "Century of Dentistry." All districts, he said, will be asked to have similar programs. It is hoped that some of their material can be used at the State Meeting. Also, the Committee will endeavor to have old instruments and equipment collected and displayed at the meeting. Dr. Alford stated that he would try

to get a stamp issued commemorating the Centennial Celebration of the North Carolina Dental Society.

The Secretary-Treasurer requested he be allowed to have the books audited by an accountant in Morganton. Dr. Paul Fitzgerald moved that this be left to the discretion of the Secretary-Treasurer. With a second by Dr. Walker this was passed.

Dr. C. T. Wells made a recommendation that the Chairman of the Exhibits Committee be allowed \$100 as expenses. Dr. Paul Fitzgerald moved that this amount be granted. With a second by Dr. Walker, this motion was passed.

There being no further business, the meeting was adjourned.

Ralph Coffey,  
Secretary-Treasurer

NORTH CAROLINA DENTAL SOCIETY  
STANDING COMMITTEES

## EXECUTIVE COMMITTEE

Olin W. Owen, *Chairman* (1957)

I. R. Self, Sr. (1955)

C. C. Poindexter (1956)

## ETHICS COMMITTEE

H. D. Froneberger, *Chairman* (1959)

John A. McClung (1955)

Royster Chamblee (1957)

Clyde Minges (1956)

Paul Fitzgerald, Jr. (1958)

## LEGISLATIVE COMMITTEE

Z. L. Edwards, Sr. (1957)

Paul Jones (1956)

Royster Chamblee (1955)

John Pharr (1958)

Guy R. Willis (1959)

## PROGRAM COMMITTEE

Vance Z. Kendrick, *Chairman*J. B. Freedland, *Co-Chairman*

Moultrie H. Truluck

Charles D. Eatman

P. B. Whittington, Jr.

E. A. Pearson

## CLINIC COMMITTEE

Milo J. Hoffman, *Chairman*

R. R. Hoffman

Guy V. Harris

W. Penn Marshall

Ramsey Weathersbee, Jr.

## MEMBERSHIP COMMITTEE

J. W. Branham, *Chairman*

C. C. Diercks

Riley Spoon

W. T. Burns

M. M. Lilley

J. E. Swindell

## EXHIBITS COMMITTEE

E. A. Pearson, *Chairman*

C. T. Wells, Sr.

H. C. Parker

Ralph Falls

Edward R. Burns

## NECROLOGY COMMITTEE

E. L. Eatman, *Chairman* (1959)

W. L. McRae (1955)

Ralph Coffey (1957)

F. E. Gilliam (1956)

J. P. Reece (1958)

## LIBRARY AND HISTORY COMMITTEE

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J. Z. Moreland (1955)

Paul Fitzgerald (1957)

B. McK. Johnson (1956)

M. R. Hunter (1958)

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Joe V. Davis, *Chairman* (1959)

P. P. Yates (1955)

M. M. Lilly (1957)

C. H. Teague (1956)

J. R. Edwards (1958)

## PUBLICITY COMMITTEE

W. K. Griffin, *Chairman* (1959)

Walter Clark (1955)

E. D. Baker (1957)

Howard Allen (1956)

C. P. Godwin (1958)

## CONSTITUTION AND BY-LAWS COMMITTEE

S. W. Shaffer, *Chairman* (1959)

F. O. Alford (1955)

C. W. Sanders (1957)

Z. L. Edwards, Sr. (1956)

A. P. Cline (1958)

## PROSTHETIC DENTAL SERVICE COMMITTEE

C. C. Poindexter, *Chairman* (1957)

Coyte Minges (1955)

Walter McRae (1958)

F. O. Alford (1956)

Hubert S. Plaster (1959)

## COUNCIL ON DENTAL HEALTH

Ralph Jarrett, *Chairman* (1959)

E. W. Connell (1955)

E. A. Branch (1958)

R. L. Whitehurst (1956)

Sam Bobbitt (1957)

## STATE INSTITUTIONS COMMITTEE

R. E. Masten, *Chairman* (1959)

O. L. Presnell (1955)

J. G. Poole (1957)

W. M. Matheson (1956)

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## RELIEF COMMITTEE

Paul Fitzgerald, Sr., *Chairman* (1957)

Wilbert Jackson (1955)

S. H. Steelman (1956)

J. T. Lasley (1958)

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## ADVISORY COMMITTEE FOR VETERANS ADMINISTRATION PROGRAM

Guy E. Pigford, *Chairman* (1959)

C. A. Graham, Sr. (1955)

Walter Clark (1956)

Riley Spoon (1957)

P. B. Whittington, Jr. (1958)

## THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

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Darden Eure (1955)

W. M. Matheson (1957)

A. T. Jennette (1956)

C. W. Sanders (1957)

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J. E. Moser

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W. T. Burns

Z. L. Edwards, Jr.

T. L. Blair

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C. C. Diercks

Milo Hoffman

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John L. Ashby

C. H. Teague

G. L. Hooper

Paul Jones

R. S. Jones

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Frank Atwater

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L. J. Moore, Jr.

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David M. Tuttle

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H. C. Harrelson

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B. F. Edwards

M. E. Walker

J. M. Zealy

W. M. Byrd

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S. P. Gay

Carey T. Wells, Jr.

Wade Sowers

R. M. Olive, Jr.

Carl L. Bowen

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## ARRANGEMENTS COMMITTEE

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E. M. Medlin

Norman R. Ross

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C. B. Fritz

## ENTERTAINMENT COMMITTEE

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John Pharr	Edward U. Austin
D. M. Getsinger	Howard S. Rhyne
C. B. Johnson	Rufus A. Daniel

## GOLF COMMITTEE

J. E. Graham, Jr., *Chairman*

E. M. Medlin	Edwin Plaster
H. P. Reeves, Jr.	John R. Fritz
P. B. Whittington, Jr.	

## LIAISON COMMITTEE TO THE OLD NORTH STATE DENTAL SOCIETY

Neal Sheffield, *Chairman*

Cecil Pless	Ralph Jarrett
C. W. Sanders	Clyde Minges

## HOSPITAL DENTAL SERVICE COMMITTEE

Norman Ross, *Chairman*

Dan Carr	G. L. Hooper
C. D. Eatman	P. B. Whittington, Sr.
S. E. Moser	

## DENTAL CARIES COMMITTEE

Grover Hunter, *Chairman*

Thomas G. Nisbet	A. C. Current, Jr.
L. H. Butler	Pearce Roberts, Jr.
Allen W. Cash	Paul T. Harrell

## HOUSING COMMITTEE

Howard Branch, *Chairman*

Gary Hesseman	J. C. Senter
A. J. Galarde	W. H. Young
C. W. Stevens	C. B. Johnson

## RURAL HEALTH AFFAIRS COMMITTEE

L. M. Massey, *Chairman*

Fred Hale	W. S. Griffin
C. M. Whisnant	Ben H. Webster
Walter Finch, Jr.	

## ADVISORY COMMITTEE TO N. C. DENTAL ASSISTANTS ASSOCIATION

Burke W. Fox, *Chairman*

Hugh M. Hunsucker	F. C. Mendenhall
D. T. Carr	R. M. Olive, Sr.
W. J. Turbyfill	L. C. Hedman

## PUBLIC RELATIONS COMMITTEE

John C. Brauer, *Chairman*

Walter T. McFall

J. B. Freedland

C. B. Wolfe

D. B. Seitter

Royster Chamblee

## MILITARY AFFAIRS COMMITTEE

Elliott Motley, *Chairman*

E. L. Eatman

Jack L. Raymer

J. R. Edwards, Jr.

W. T. Burns

## ADVISORY COMMITTEE TO SELECTIVE SERVICE

Sam Bobbitt, *Chairman*

Walter Clark

Guy Pigford

A. D. Abernethy

Grady Ross

Norman Ross

T. L. Blair

C. C. Poindexter

Tom Collins

Dan Wright

Walter L. McRae

ADVISORY COMMITTEE TO SELECTIVE SERVICE  
CO-ORDINATING SERVICEZ. L. Edwards, Sr., *Chairman*

M. H. Truluck

W. B. Sherrod

Ralph Falls

Sam Bobbitt

Guy R. Willis

Paul Fitzgerald

## INDUSTRIAL COMMISSION COMMITTEE

Sam Towler, *Chairman*

O. R. Hodgin

W. S. Griffin

William H. Price

A. T. Lockwood

Marcus Smith

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Frank O. Alford, *Chairman*Martin Fleming, *Co-Chairman*

Wade Breeland

Frank Atwater

C. T. Wells, Sr.

Fred Hale

Homer Guion

Alex Pearson

Guy Masten

Clyde Minges

C. C. Poindexter

Charles D. Eatman

## EXTENSION COURSE COMMITTEE

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L. M. Massey

J. F. Burket

D. L. Henson

Pearce Roberts

J. Clopton Farthing

## FLUORIDATION COMMITTEE

Pearce Roberts, *Chairman*

E. D. Baker

T. E. Sikes, Jr.

R. Fred Hunt

W. Stewart Peery

## MEMBERS ATTENDING THE PINEHURST MEETING

## FIRST DISTRICT

Abernethy, A. D., Sr.  
 Abernethy, David  
 Abernethy, G. S.  
 Baker, R. N.  
 Barker, O. C.  
 Beam, C. M.  
 Becker, D. H.  
 Bottoms, A. W.  
 Boyles, J. L.  
 Breeland, W. H.  
 Brown, C. F.  
 Candler, C. Z.  
 Carpenter, M. W.  
 Carrell, G. H.  
 Clark, W. E.  
 Clayton, W. S.  
 Cline, A. P.  
 Coffey, Ralph  
 Connell, E. W.  
 Cook, D. S.  
 Crowell, J. G.  
 Cunningham, F. S.  
 Davenport, H. V.  
 Dickson, B. A.  
 Diercks, C. C.  
 Edwards, A. C.  
 Edwards, B. F.  
 Edwards, E. L.  
 Ezzell, J. W.  
 Ezzell, L. L.  
 Falls, Ralph  
 Forbes, M. M.  
 Fritz, Conrad B.  
 Fritz, J. R.  
 Furr, W. E.  
 Glenn, E. T.  
 Goodwin, C. J.  
 Hair, J. E.  
 Hedrick, P. E.  
 Highsmith, C.  
 Hoffman, R. R.  
 Hord, D. F.  
 Howes, R. R.  
 Isenhower, S. H.  
 Jameson, H. C.

Jones, E. D.  
 Lackey, A. A.  
 Lindsay, D. A.  
 Lockwood, A. T.  
 McBrayer, W. F.  
 McCall, C. S.  
 McCall, R. S.  
 McDaniel, W. J.  
 McFall, W. T.  
 Martin, Frank  
 Matheson, A. M.  
 Matheson, W. M.  
 Moore, Raymond  
 Moser, J. E.  
 Moser, S. E.  
 Mauney, R. G.  
 O'Leary, J. A.  
 Paisley, R. L.  
 Parker, C. A.  
 Parker, W. H.  
 Peeler, C. M.  
 Plaster, H. E.  
 Plaster, Hubert  
 Pless, C. A.  
 Poovey, A. L.  
 Ransom, R. K.  
 Reece, J. F.  
 Roberts, Pearce  
 Sain, H. T.  
 Self, F. L.  
 Self, I. R., Sr.  
 Self, Ruffin  
 Shaw, F. C.  
 Sloop, W. M.  
 Steelman, S. H.  
 Truluck, Moultrie  
 Tuttle, D. M.  
 Wells, C. T.  
 Whisnant, C. M.  
 Whisnant, J. F.  
 Woody, J. L.  
 Woody, M. E., Jr.  
 Woody, W. L.  
 Yates, P. P.  
 Yelton, J. L.

## SECOND DISTRICT

Alexander, George  
 Ashby, J. L.  
 Alford, Frank O.  
 Austin, Edward  
 Ballard, D. L.  
 Barkley, Carl  
 Barksdale, S. A.  
 Beavers, D. L.  
 Beavers, F. C.  
 Benfield, R. H.  
 Biddix, C. F.  
 Bingham, J. P., Sr.

Black, A. R.  
 Black, V. A.  
 Blackburn, C. A.  
 Blair, Thomas  
 Brawley, Boyce  
 Bumgardner, A. S.  
 Bumgardner, L. F.  
 Byerly, R. T.  
 Campbell, R. B.  
 Carlough, R. D.  
 Cash, A. H.  
 Chamberlain, A. C.

- Collins, T. R.  
Conduff, Duke  
Cox, Vernon  
Crotts, H. K.  
Crouse, V. L.  
Current, W. C.  
Davis, Joe V., Jr.  
Dearman, J. H.  
DeHart, V. L.  
Duncan, N. J.  
Duncan, S. C.  
Farthing, J. C.  
Fox, Burke  
Fox, N. D.  
Fox, M. O.  
Freedland, J. B.  
Funderburke, E. M.  
Furr, C. E.  
Galarde, A. J.  
George, R. A.  
Grady, L. V.  
Graham, Jim  
Guion, J. H.  
Hamer, T. N.  
Harrell, R. B.  
Harrelson, Henry  
Hesseman, Gary  
Heinz, J. W.  
Helsabeck, C. R., Jr.  
Helsabeck, W. J.  
Herman, Ralph  
Hodgin, O. R.  
Hoffman, Milo  
Holliday, R. H.  
Holcomb, D. W.  
Holladay, J. K.  
Holland, J. M.  
Holshouser, L. C.  
Hoover, D. C.  
Hoover, R. G.  
Hull, P. C., Jr.  
Irwin, J. R.  
Jackson, D. A.  
Jarrett, C. A.  
Jarrett, C. H., Jr.  
Jarrett, Ralph  
Jones, B. E.  
Joyner, O. L.  
Kendrick, V. B.  
Kendrick, Z. V.  
Kirby, O. B.  
Kirk, Frank W.  
Kirkendol, E. C.  
Kiser, J. Donald  
Kistler, A. R.  
Lazenby, Glenn, Jr.  
Lentz, Pat  
Levine, H. H.  
Little, J. E.  
McClung, J. A.  
Martin, Ernest  
Masten, Robert  
Melvin, R. Philip  
Mendenhall, F. C.  
Mizell, D. B.  
Montgomery, D. O.  
Moore, E. D.  
Morgan, E. B.  
Morris, D. W.  
Morris, E. C.  
Moser, Kenneth  
Motley, Elliot  
Nicholson, J. H.  
Nisbet, T. G.  
Owen, Olin W.  
Parker, H. C.  
Peeler, L. B.  
Peery, W. S.  
Pegg, F. N.  
Petree, R. E.  
Price, W. H.  
Pruett, L. D.  
Reece, J. P.  
Reeves, H. P., Jr.  
Reid, Curtis  
Ridenhour, C. E.  
Rogers, Tom  
Ross, Grady  
Schiebel, E. C.  
Schmucker, R.  
Secrest, W. A.  
Sherrod, W. B.  
Shoaf, Reynolds  
Short, L. H.  
Slaughter, Freeman C.  
Smith, A. H.  
Southard, F. J.  
Sowers, Wade  
Spillman, J. H.  
Spoon, Riley  
Stanford, A. R.  
Stone, I. F.  
Taylor, C. F.  
Taylor, R. G.  
Taylor, W. C.  
Thompson, H. W.  
Thompson, L. R.  
Thorpe, J. O.  
Thurston, Steve  
Tomlinson, F. N.  
Trivette, L. P.  
Tuttle, R. D.  
Walker, B. N.  
Walker, F. H.  
Wall, L. E.  
Waller, D. T.  
Webster, Ben  
Wertz, Joe L.  
Wharton, R. G.  
Wheeler, C. D.  
Whicker, Thomas A.  
White, Q. L.  
Williams, John R.  
Wilson, Roy W.  
Yelton, W. F.  
Yokeley, G. W.  
Young, Clyde  
Zimmerman, H. S.  
Zimmerman, J. W.

## THIRD DISTRICT

Alexander, W. E.	Hinson, Bill
Andreve, K. I.	Hinson, J. Y.
Apple, Howard D.	Holden, R. H.
Atwater, Frank	Horton, Charles W.
Bell, John T.	Hughes, Jack H.
Betts, J. S.	Hughes, John T.
Blair, Mott P.	Hunsucker, H. M.
Bowen, Carl L.	Hunter, Grover, C., Jr.
Bowling, Howard	Hunter, M. Ray
Bowling, W. W.	Hussey, T. E.
Bradsher, J. D.	Johnson, Harrell
Brannan, Bert	Johnson, Numa C., Jr.
Brannock, Robert W.	Kanoy, B. Ed.
Brauer, John C.	Karesh, Harry A.
Bridger, Robert L.	Kilpatrick, Ralph E.
Butcher, Dale H.	Kirkland, Geo. F.
Burket, J. F.	Kistler, C. D.
Burns, E. R.	Kitts, Warren H.
Burns, William T.	Lasley, J. T.
Butler, H. E.	Lauten, J. J.
Butler, Luther	Lindahl, R. L.
Caddell, Fred S.	Lockhart, D. K.
Caldwell, J. Baxter	Long, Herbert S.
Carr, Daniel T.	Long, Robert E.
Carr, H. C.	McCall, S. H.
Corey, C. B., Jr.	McDuffie, A. A.
Chamberlain, V. F.	McFarland, Wilbur G., Jr.
Chapin, Marvin E.	McIntosh, J. A.
Cherry, M. L.	McKaughan, W. R.
Coble, L. G.	Medlin, E. M.
Crank, J. C.	Menius, John W., Jr.
Craver, A. W.	Miller, Charles I.
Daniels, L. M.	Monk, H. L., Jr.
Darden, Thomas H.	Moore, H. W.
Dawkins, C. D.	Murray, Henry V.
Demeritt, W. W.	Neal, W. E.
Dickens, Carl W.	Newton, M. E.
Dilday, John S.	Overcash, R. F.
Ditto, Bill	Page, L. G.
Durham, B. J.	Patterson, Curtis E.
Edwards, Alton B.	Patterson, H. M.
Edwards, L. M.	Poindexter, C. C.
Edwards, W. V.	Poindexter, C. W.
Efird, Ira P., Jr.	Presnell, O. L.
Erwin, Dick H.	Pringle, Ross
Evans, M. R.	Richardson, R. E.
Finn, James C.	Roberts, Ernest
Freund, O. J.	Ross, Norman F.
Gay, S. P.	Saunders, W. L.
Getsinger, D. M.	Scott, Glenn G.
Gilbert, W. B., Jr.	Shaffer, S. W.
Gilliam, Frank E.	Shamburger, B. B.
Graham, C. A., Sr.	Shankle, R. J.
Griffin, W. K.	Sheffield, Neal
Grimsley, W. R.	Sigmon, J. W.
Hall, W. A., Jr.	Sikes, T. Edgar, Jr.
Harris, Guy V.	Sikes, T. Edgar, Sr.
Hart, S. T.	Slott, Edwin F.
Harwood, Brooks	Smith, Robert L.
Henson, James L.	Sockwell, C. L.
Hester, E. M.	Solomon, M. H.
Hester, J. N.	Southworth, John D.
Higley, Bruce W.	Sowter, John B.

Stephens, John A.  
 Stone, C. N.  
 Stonestreet, F. M.  
 Stubbs, Jim  
 Sturdevant, Clifford M.  
 Sturdevant, R. E.  
 Sugg, C. H.  
 Suggs, Joseph R.  
 Swain, John  
 Teague, C. H.  
 Teague, E. R.  
 Thomas, James T.  
 Turner, R. S.  
 Underwood, F. H.  
 Underwood, J. T.  
 Underwood, R. L.  
 Vandervoort, C. R.

Vinton, Paul  
 Walker, M. E.  
 Warlick, R. B.  
 Westrick, C. M.  
 Walker, W. W.  
 Wheeler, C. M.  
 Wheless, John R.  
 Whittington, P. B., Jr.  
 Wilkins, Ralph A.  
 Williamson, B. W.  
 Williamson, J. F.  
 Willis, Guy R.  
 Wolfe, Carl B.  
 Zimmerman, L. H.  
 Zimmerman, L. R.  
 Zimmerman, T. R.

## FOURTH DISTRICT

Abernethy, C. E.  
 Allen, Howard L.  
 Bain, C. D.  
 Barber, A. D.  
 Beam, Robert S.  
 Biddell, F. H.  
 Bitler, Glenn  
 Blalock, C. A.  
 Bobbitt, S. L.  
 Branch, E. A.  
 Branch, W. Howard  
 Branham, J. Walton  
 Broughton, E. H.  
 Bryan, J. K.  
 Byrd, Robert T.  
 Byrd, Thomas  
 Byrd, Worth M.  
 Chamblee, H. Royster  
 Clements, R. D.  
 Collins, T. G.  
 Cotton, P. E.  
 Denning, John N.  
 Eagles, R. L.  
 Eakes, Spurgeon E.  
 Edward, James  
 Edwards, John R., Jr.  
 Edwards, J. R.  
 Fields, Paisley  
 Finch, R. E.  
 Finch, S. J.  
 Finch, Walter H., Jr.  
 Fitzgerald, Paul, Jr.  
 Fleming, J. Martin  
 Gardner, J. M.  
 Grimes, William F.  
 Hair, L. G.  
 Hale, J. P.  
 Hamilton, R. P.  
 Hargrove, Albert W.  
 Harrell, Paul T.  
 Harris, Frank G.  
 Harris, Thomas H.  
 Hendricks, Frank E.  
 Herring, L. D.  
 Hooper, G. L.

Horton, R. Leo  
 Horton, S. Robert  
 Hoyle, I. H.  
 Hulin, James F.  
 Hunt, J. T.  
 Hunter, Thomas M.  
 Jackson, Wilbert  
 Jernigan, John A.  
 Johnson, K. L.  
 Johnson, M. L.  
 Jones, Marvin T.  
 Jones, Rufus S.  
 Jordan, Julius F.  
 Kidd, W. E.  
 King, David D.  
 Lawrence, E. N.  
 Lessem, Robert B.  
 Ligon, J. Henry, Jr.  
 Lindsey, W. Kemp  
 McKaughan, Gates  
 McKoy, S. R.  
 McRae, Walter L.  
 Marshburn, James A.  
 Martin, W. T.  
 Massey, L. M.  
 Massey, W. J., Jr.  
 Maxwell, H. E.  
 Moore, L. J.  
 Morrison, R. R., Jr.  
 Nelson, John S. D.  
 Nelson, T. E.  
 Nicholson, M. P.  
 Olive, C. S.  
 Olive, R. M., Jr.  
 Olive, R. M.  
 Osborne, C. P., Jr.  
 Paschal, L. H.  
 Payne, John Edward  
 Payne, J. M.  
 Pearce, J. A.  
 Pearce, O. R., Jr.  
 Pearson, P. L.  
 Phillips, A. A.  
 Pringle, J. M.  
 Purvis, P. C.

Pearson, E. A., Jr.  
 Pleasants, Marvin  
 Powell, J. B.  
 Pridgen, D. L.  
 Rankin, W. W.  
 Renfrow, R. R.  
 Roberts, C. E.  
 Sanders, C. W.  
 Sappington, Roy R., Jr.  
 Seifert, D. W.  
 Smith, E. L.  
 Smith, Marcus R.  
 Smith, Newton  
 Stephenson, George W.  
 Stevens, C. W.

Swain, John P., Jr.  
 Swendell, J. E.  
 Tew, J. J.  
 Todd, Hubert A.  
 Towler, S. B.  
 Townsend, G. L.  
 Turlington, R. A.  
 Turlington, R. H.  
 Waddell, M. A.  
 Ward, E. Ben  
 Whitehead, J. W.  
 Woltz, W. L., Jr.  
 Woodall, D. C.  
 Wooten, C. L.  
 Young, T. L.

## FIFTH DISTRICT

Aldridge, M. W.  
 Allen, Sidney V.  
 Anderson, Joe M., Jr.  
 Barden, R. B.  
 Barker, C. T.  
 Bell, F. D.  
 Benson, E. S.  
 Bowden, H. B.  
 Boyette, Edward G.  
 Broughton, J. O.  
 Carson, J. R., Jr.  
 Civils, H. W.  
 Cooke, Charles S.  
 Crandell, C. E.  
 Daniel, R. A., Jr.  
 Demary, C. J.  
 Dowdy, Jack  
 Duke, J. F.  
 Early, A. C.  
 Eatman, Charles D.  
 Eatman, E. L.  
 Edwards, Zeno L., Jr.  
 Edwards, Z. L., Sr.  
 Eure, Darden J.  
 Fales, Alton R.  
 Fitzgerald, Paul, Sr.  
 Fleming, T. S.  
 Fuerst, Herbert  
 Furr, James, Jr.  
 Garris, M. A.  
 Godwin, C. P.  
 Goldwasser, Joe  
 Griffin, W. S.  
 Hamilton, A. L.  
 Hammond, W. L.  
 Hedman, L. C.  
 Hooks, Oscar  
 Houston, Ben  
 Hunt, R. Fred  
 Jennette, A. T.  
 Johnson, A. D.  
 Johnson, B. McK.  
 Johnson, Chas. B.

Johnston, C. D.  
 Jones, Paul E.  
 Kilpatrick, J. M.  
 Kornegay, J. M.  
 Laxton, William  
 Lee, Jim  
 Lilly, M. M.  
 Massey, M. B.  
 Minges, C. E.  
 Minges, Coyte R.  
 Mohn, Robert  
 Morrison, B. R.  
 Overman, G. L.  
 Pigford, Guy E.  
 Ralph, W. T.  
 Rasberry, William E.  
 Ross, L. E.  
 Smith, Grover W.  
 Smith, James H.  
 Smith, Junius C.  
 Smith, Thomas A.  
 Smithson, Thomas W.  
 Smithwick, D. T.  
 Spear, Herbert  
 Thompson, H. K.  
 Tomlinson, Robert L.  
 Turner, L. R.  
 Umphlett, W. W., Jr.  
 Warren, E. R.  
 Weathersbee, Ramsey, Jr.  
 Wells, D. L.  
 Whitehurst, R. L.  
 Wilkins, R. A.  
 Williams, R. E.  
 Wooten, A. L.  
 Wright, Dan  
 Wright, E. K., Jr.  
 Young, H. L.  
 Young, W. H.  
 Zaytoun, Henry S.  
 Zealy, James M.  
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Bowman, Maxine	Shealy, Margaret
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Daniel, Mrs. R. E.	Tuttle, Mary Louise
Forbes, Eleanor A.	Williams, Lucy
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Biggers, Pat	Thompson, Gerry
Bezzill, Sarah	Troxler, Catherine
Bradshaw, Yvonne	Walker, Juanita
Callicutt, Lillian	Whetsel, Ruth
Carpenter, Martha	White, Jimmie
Cromwell, Calyle	Wicker, Mrs. Z.
Gore, Dean	Winkle, Maria P.
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House, Corol	Zedaker, Edna
Jarvis, Thelma E.	

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Conrad, C. Richard	Hall, Thomas A.
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McLeod, W. H.	Warren, Ray A.
Odom, Bill E.	Watson, R. H.
Oldenburg, T. R.	Waynick, Geo., Jr.
Oldham, Floy	Whitehurst, R. C.
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Price, A. Dwight	Woodford, W. H., Jr.
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Miss Susan Kaplan  
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 Creel, Luther M.  
 Crews, Harold B.  
 Crisci, Mike  
 Davis, Kent  
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 Deese, Mrs. Mack  
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 Hanck, William L.  
 Hancock, Allan F.  
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 Harper, Floyd J., Jr.  
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 Hawkins, J. B.  
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 Jones, Roy  
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 Menher, Lewis  
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Miller, Louis K.  
 Miller, Mrs. Louis K.  
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 Rosevear, Mrs. W. B.  
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